TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2021

Prepared For:	
	The Kellin Foundation
	2110 Golden Gate Drive B
	Greensboro, NC 27405
Prepared By:	
	Carr, Riggs & Ingram, P.L.L.C.
	PO Box 5869
	High Point, NC 27262
Amount Due	or Refund:
	Not applicable
Make Check F	Payable To:
	Not applicable
Mail Tax Retu	rn and Check (if applicable) To:
	Not applicable
Return Must b	e Mailed On or Before:

Special Instructions:

Not applicable

This copy of the return is provided ONLY for Public Disclosure purposes. Any confidential information regarding large donors has been removed.

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Inspection

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/Form990 for instructions and the latest information.

Open to Public

AF	or the	e 2021 calendar year, or tax year beginning ar	ia enaing	_	
B c	Check if opplicabl	C Name of organization		D Employer identif	ication number
	Addre				
	Name chang	Doing business as		46-34973	52
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		
	Final return	2110 GOLDEN GATE DRIVE	В	336-429-	5600
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,329,339.
	Amen	GREENSBORO, NC 27405		H(a) Is this a group r	eturn
	Application	F Name and address of principal officer: KELLY GRAVES		for subordinate	
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	·····= =
<u> </u>	ax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527	-1	a list. See instructions
		te: NWW.KELLINFOUNDATION.ORG	.,	H(c) Group exemption	
		organization: X Corporation Trust Association Other	I Vear		M State of legal domicile: NC
	art I	Summary	L 1001	or formation, = = = = =	otato or logar dominino, = v o
	_	Briefly describe the organization's mission or most significant activities: THE	KELLIN	FOUNDATION	IS A
çe		NONPROFIT 501(C)3 ORGANIZATION THAT BUIL			
Jan	l	Check this box if the organization discontinued its operations or disp			
Veri	l	- · · · · · · · · · · · · · · · · · · ·		3	1
် ဗ	l .	Number of independent voting members of the governing body (Part VI, line 1b)			
જ		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			14
ties	l .				30
Activities & Governance	l .	Total number of volunteers (estimate if necessary)			
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			
	D	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		
	_	Contributions and greats (Dort VIII line 1b)		Prior Year 1,173,279.	Current Year 1,200,664.
ne	l	Contributions and grants (Part VIII, line 1h)		80,261.	128,675.
Revenue	l	Program service revenue (Part VIII, line 2g)		00,201.	0.
Bè		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,430.	
	l .	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,256,970.	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,230,970.	1,329,339.
	l .	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		758,880.	
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ă	b	Total fundraising expenses (Part IX, column (D), line 25) 97,		202 260	200 406
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		283,368.	
	l .	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,042,248.	
	19	Revenue less expenses. Subtract line 18 from line 12		214,722.	
Net Assets or			<u> B</u>	eginning of Current Year	End of Year
sset	20	Total assets (Part X, line 16)		308,714.	548,806.
et A	21	Total liabilities (Part X, line 26)		4,344.	0.
Ž:	22	Net assets or fund balances. Subtract line 21 from line 20		304,370.	548,806.
	art II				
		Ilties of perjury, I declare that I have examined this return, including accompanying schedu			y knowledge and belief, it is
true,	, correc	tt, and complete. Declaration of preparer (other than officer) is based on all information of	which prepare	r has any knowledge.	
		Signature of officer		Date	
Sign		· · · · ·		Dale	
Her	е	KELLY GRAVES, EXECUTIVE DIRECTOR			
		Type or print name and title		Doto lou l	TT DTIN
		Print/Type preparer's name Preparer's signature		Date Check Check	X PTIN
Paid		LISA POPLIN LISA POPLIN		L2/16/22 self-emplo	
	arer	Firm's name CARR, RIGGS & INGRAM, P.L.L.C.		Firm's EIN ▶	72-1396621
Use	Only	Firm's address PO BOX 5869			0.004 0.440
		HIGH POINT, NC 27262		Phone no. 3 3	86.884.0410
May	the If	RS discuss this return with the preparer shown above? See instructions			X Yes No

Fai	Ctatement of Frogram Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE KELLIN FOUNDATION IS A NONPROFIT(501C3) ORGANIZATION THAT SUPPORTS
	CHILDREN, FAMILIES, AND COMMUNITIES TO ACHIEVE SAFETY AND WELLNESS. WE
	PROVIDE PERSONALIZED AND COMPREHENSIVE COMMUNITY-BASED PROGRAMMING.
	OUR GOALS ARE TO ASSIST INDIVIDUALS AND COMMUNITIES WITH SAFETY,
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 304,979. including grants of \$) (Revenue \$)
	THE TREEHOUSE: THE TREEHOUSE TRAUMA RECOVERY PROGRAM PROVIDES
	COMMUNITY-BASED, TRAUMA-INFORMED SERVICES FOR CHILDREN, ADOLESCENTS,
	AND FAMILIES EXPOSED TO FAMILY VIOLENCE, DOMESTIC VIOLENCE, OR OTHER
	TRAUMATIC OR STRESSFUL LIVE EVENTS.
	006.045
4b	(Code:) (Expenses \$
	CHILD RESPONSE INITIATIVE: THE GREENSBORO CHILD RESPONSE INITIATIVE
	(CRI) IS A TRAUMA-INFORMED, CULTURALLY-COMPETENT AND COMPREHENSIVE
	COORDINATED COMMUNITY RESPONSE FOR CHILD VICTIMS AND THEIR FAMILIES.
	CRI'S MISSION IS TO SUPPORT CHILDREN AND FAMILIES TOWARD SAFETY AND
	WELLNESS.
4c	(Code:) (Expenses \$107,328. including grants of \$) (Revenue \$)
	GREENSBORO HEALS: THE GREENSBORO HEALS PROJECT (HEALING AND EMPOWERING
	ALL SURVIVORS) AIMS TO PROVIDE UNINSURED INDIVIDUALS AGES 19-64 WITH
	FREE MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES. OUR GOAL IS TO EXPAND
	THE CLINICAL CAPACITY TO DELIVER CO-OCCURRING DISORDERS TREATMENT TO
	INDIVIDUALS WHO OTHERWISE MAY NOT BE ABLE TO ACCESS SERVICES.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 197,524 · including grants of \$) (Revenue \$ 5,781 ·)
<u>4e</u>	Total program service expenses ► 816,776.
	Form 990 (2021)

Form 990 (2021) THE KELLIN FOUNDATION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			1
8	, ,			x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		3,7
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the conscionation projection of the conscionation of the Helical Obstace	14a		X
b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			<u> </u>
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	170		
13		15		X
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		 ^ `
10		46		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	ا ا		X
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			,,
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X

132003 12-09-21

Form **990** (2021)

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Form 990 (2021) THE KELLIN FOUNDATION Part IV Checklist of Required Schedules (continued)

	· · · · · · · · · · · · · · · · · · ·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			7.7
	Schedule J	23		<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a		х
h	Schedule K. If "No," go to line 25a	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_X_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	00		Х
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
21	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		Х
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30 31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
-	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26		Х
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	-0,		
		38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	Х	

<u>Form</u>	990 (2021) THE KELLIN FOUNDATION	46-3497	352	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
		1		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1.4			
	filed for the calendar year ending with or within the year covered by this return	2a 14		77	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions	S			77
			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a				٠,,
	financial account in a foreign country (such as a bank account, securities account, or other financial account, or	ccount)?	4a		X
b	If "Yes," enter the name of the foreign country				
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Action 114, Report of Financial Action		_		37
			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.		5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				X
	any contributions that were not tax deductible as charitable contributions?		6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contribution		- Ch		
7	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).	vices provided to the pover?	70		Х
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services. If "Yes," did the exceptation partify the depart of the yelling of the goods are serviced provided?		7a 7b		
		o required	76		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa to file Form 8282?		7c		X
ч	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	7d	70		1
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	<u>'</u>	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file For		7g		
_	If the organization received a contribution of qualified intellectual property, and the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		7		
Ū	sponsoring organization have excess business holdings at any time during the year?	by the	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the appropriate and the state of the sta		9a		
			9b		
10	Section 501(c)(7) organizations. Enter:				
	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	<u>'</u>			
а	Gross income from members or shareholders	11a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1			
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	e O	14b	<u> </u>	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	ation or			١.
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in a				
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

Form **990** (2021) **リンプンスとおい** Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

500	tion A. Governing Body and Management					Λ		
360	tion A. Governing body and Management				Vaa	Na		
4.		ـ ما	16		Yes	No		
па	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	10					
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		1.0					
b	Enter the number of voting members included on line 1a, above, who are independent	_1b	16					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other					
	officer, director, trustee, or key employee?			2		X		
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision			х		
of officers, directors, trustees, or key employees to a management company or other person?								
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X		
6	Did the organization have members or stockholders?			6		X		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or					
	more members of the governing body?			7a		X		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or					
	persons other than the governing body?			7b		X		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year							
а	The governing body?		-	8a	Х			
b	Each committee with authority to act on behalf of the governing body?			8b	Х			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read							
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re							
	This decitor is requests information about policies not required by the internal ne	venue	<u> </u>		Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?			10a		X		
	If "Yes," did the organization have written policies and procedures governing the activities of such ch							
			,	10b				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a	Х			
b								
12a				12a	Х			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X			
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y			120				
С		,		12c	х			
40	on Schedule O how this was done			13	X			
13	Did the organization have a written whistleblower policy?				X			
14	Did the organization have a written document retention and destruction policy?			14	77			
15	Did the process for determining compensation of the following persons include a review and approva	ı by in	uepenuent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			4-	v			
_	The organization's CEO, Executive Director, or top management official			15a	X			
b	Other officers or key employees of the organization			15b	Λ			
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		tal.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen			40		v		
	taxable entity during the year?			16a		X		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	-	· · · · · · · · · · · · · · · · · · ·					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization	ı'S					
<u> </u>	exempt status with respect to such arrangements?			16b				
	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed NONE		- /····					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990	-1 (section 501(c)(3)s	only)	availab	ole		
	for public inspection. Indicate how you made these available. Check all that apply.							
	Own website Another's website X Upon request Other (explain							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict o	of interest policy, and	financ	cial			
	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	d records					
	KELLY GRAVES - 336-429-5600							
	2110 GOLDEN GATE DRIVE, STE B, GREENSBORO, NC 2740)5_						

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average		not cl		more	than o		Reportable	Reportable	Estimated
	hours per week					s both r/trus		compensation from	compensation from related	amount of other
	(list any	cto						the	organizations	compensation
	hours for	or dire	a			ted		organization	(W-2/1099-MISC/	from the
	related	nstee (truste		g,	beusa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	lual tri	tional		nploye	st com yee	_	1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) DR. KELLY GRAVES	40.00									
EXECUTIVE DIRECTOR		Х		X				139,255.	0.	3,691.
(2) DWIGHT CROTTS	1.00									
DIRECTOR		Х						0.	0.	0.
(3) CARMEN DEESE	5.00									
PRESIDENT		Х		X				0.	0.	0.
(4) SHAWN HUTCHINSON	5.00	l								
TREASURER		Х		X				0.	0.	0.
(5) JESSICA DALTON	5.00	ļ								
SECRETARY	1 00	Х		Х				0.	0.	0.
(6) MICHELLE GILL-MOFFAT	1.00	. ,						_	•	
DIRECTOR (7) EMILY HEDRICK	1.00	Х						0.	0.	0.
DIRECTOR	1.00	X						0.	0.	0.
(8) PILAR DEPABLO POWELL	1.00	^						0.	0.	0.
DIRECTOR	1.00	X						0.	0.	0.
(9) WESLEY REID	1.00							0.	<u> </u>	· ·
DIRECTOR	1.00	x						0.	0.	0.
(10) CARY ANN ROOT	1.00									
DIRECTOR		x						0.	0.	0.
(11) SUSAN SHOEMAKER	1.00									
DIRECTOR		х						0.	0.	0.
(12) K. MICHIE HARRISS DEW	1.00									
DIRECTOR		Х						0.	0.	0.
(13) MARIAN F. EARLS	1.00									
DIRECTOR		Х						0.	0.	0.
(14) STEPHANIE MARDIS	1.00									
DIRECTOR		X						0.	0.	0.
(15) PASTOR MARVA EDWARDS	1.00									
DIRECTOR		X						0.	0.	0.
(16) TAMIEKA HOWELL	1.00	1_							_	_
DIRECTOR		X						0.	0.	0.
(17) SARI ROSE	1.00									_
DIRECTOR		X						0.	0.	0.

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(A)	(B)			(0	C)		_	(D)	(E)		(F	·)
Name and title	Average	(24.5	not c	Pos			one	Reportable	Reportable		Estim	
	hours per	box	, unle	ss pe	rson i	is both	n an	compensation	compensation		amou	nt of
	week	\vdash	cer ar	nd a d T	irecto	or/trus	tee)	from	from related		oth	er
	(list any	director						the	organizations	.	comper	
	hours for related	or di	ee			ated		organization	(W-2/1099-MISC	<i>)</i> /	from	
	organizations	nstee	trust		99	ubeus		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		organi and re	
	below	lual tr	tiona		nploy	st cor	<u></u>	1033 (420)			organiz	
	line)	Individual trustee or	Institutional trustee	Offlicer	Key employee	Highest compensated employee	Former				5. gu	
		-	_		<u>×</u>	1	_					
		-										
						\vdash						
		1										
		1										
		-										
						-						
		1										
		1										
1b Subtotal					<u> </u>	1	—	139,255.		0.	3,	691.
c Total from continuation sheets to Part VI								0.		0.	- ,	0.
d Total (add lines 1b and 1c)								139,255.		0.	3,	691.
2 Total number of individuals (including but n							o re	eceived more than \$100,	000 of reportable			
compensation from the organization									•			1
											Ye	s No
3 Did the organization list any former officer			кеу є	empl	oye	e, or	hig	hest compensated empl	oyee on	ļ		
line 1a? If "Yes," complete Schedule J for s	uch individual										3	X
4 For any individual listed on line 1a, is the su	•							•	•	ļ		
and related organizations greater than \$15											4	X
5 Did any person listed on line 1a receive or a	•				•		elate	ed organization or individ	lual for services	ŀ	_	₩
rendered to the organization? If "Yes." con Section B. Independent Contractors	plete Schedule	e J f	or st	ıch ı	oers	on					5	X
Complete this table for your five highest co	mnensated inc	lene	nde	nt co	ntr	acto	re th	nat received more than \$	100 000 of compe	neat	ion from	
the organization. Report compensation for	-	-							•	noat		
(A)				<u>.g</u>				(B)			(C)	
Name and business	address	N	INC	3				Description of s	ervices	С	ompensa	tion
							-					
		_		_		_						
2 Total number of independent contractors (i		ot lir	nited	d to	_		ted	above) who received mo	ore than			
\$100,000 of compensation from the organi	zation				(,					00	0 (0004)

Form **990** (2021)

11110101 701000 00-02601 000

Form 990 (2021) THE KEL
Part VIII Statement of Revenue

			Check if Schedule O contains	a response	or note to any lin	e in this Part VIII			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
							iunction revenue	business revenue	sections 512 - 514
9 0	1	_	Federated campaigns	1a					
nt:									
50			Membership dues		42,575.				
ts,			Fundraising events		44,373.				
텵			Related organizations		777 715				
JS,			Government grants (contributions		777,745.				
를 다 S		f	All other contributions, gifts, grants, a						
혈휲			similar amounts not included above .	1f	380,344.				
n tr		g	Noncash contributions included in lines 1a-1f	1g \$					
Contributions, Gifts, Grants and Other Similar Amounts		h	Total. Add lines 1a-1f)	1,200,664.			
					Business Code				
a l	2	а	CONTRACT REVENUE		624100	122,894.	122,894.		
Š			SERVICE FEES		624100	5,781.	5,781.		
ine j						37,020	37,020		
m Sel		C							
gra Be		d							
Program Service Revenue		e							
-			All other program service revenue			100 675			
		g	Total. Add lines 2a-2f		>	128,675.			
	3		Investment income (including divi						
			other similar amounts)						
	4		Income from investment of tax-ex	empt bond p	roceeds				
	5		Royalties						
				(i) Real	(ii) Personal				
	6	а	Gross rents 6a						
		b	Less: rental expenses 6b						
			Rental income or (loss) 6c						
			Net rental income or (loss)						
) Securities	(ii) Other				
	•	u	assets other than inventory 7a	,	(.,				
		L-	· -						
		D	Less: cost or other basis						
Ĭ.			and sales expenses						
§		С	Gain or (loss) 7c						
ther Revenue			Net gain or (loss)						
þe	8	а	Gross income from fundraising events	(not					
ᅙ			including \$ 42,575	<u>•</u> of					
			contributions reported on line 1c)	. See					
			Part IV, line 18	8a	0.				
		b	Less: direct expenses	I	0.				
		С	Net income or (loss) from fundrais	sing events		0.			
			Gross income from gaming activit						
			Part IV, line 19	I					
		h	Less: direct expenses	I					
			Net income or (loss) from gaming						
			Gross sales of inventory, less retu						
	10	а		I					
			and allowances						
			Less: cost of goods sold	· · · · · · · · · · · · · · · · · · ·					
\rightarrow		С	Net income or (loss) from sales of	inventory					
က္					Business Code				
e e	11	а							
ane		b							
Miscellaneous Revenue		С							
Ais.		d	All other revenue						
		е	Total. Add lines 11a-11d	<u></u>					
	12		Total revenue. See instructions			1,329,339.	128,675.	0.	0.

Form 990 (2021) THE KELLIN FOUNDATION Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons				<u>X</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	120 255	122 605	F F70	
_	trustees, and key employees	139,255.	133,685.	5,570.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	530,247.	200 026	48,289.	02 022
7	Other salaries and wages	550,247.	398,926.	40,409.	83,032
8	Pension plan accruals and contributions (include	13,642.	10,914.	1,091.	1 627
_	section 401(k) and 403(b) employer contributions)	51,087.	40,869.	4,087.	1,637 6,131 6,261
9	Other employee benefits	52,176.	41,741.	4,174.	6 261
10	Payroll taxes	32,170.	41,/41•	4,1/4.	0,201
11	Fees for services (nonemployees):				
a b					
		60,550.		60,550.	
c d		00,3301		00,550.	
e	B () ()				
f	Investment management fees				
g	0.1 (10.1 14) 1 100/ (11 05				
9	column (A), amount, list line 11g expenses on Sch 0.)	144,378.	140,389.	3.989.	
12	Advertising and promotion	2,376.		3,989. 2,376.	
13	Office expenses	16,032.	4,910.	11,122.	
.e 14	Information technology	, , , ,	,	,	
15	Royalties				
16	Occupancy	41,029.	39,388.	1,641.	
17	Travel	7,712.	5,626.	2,086.	
18	Payments of travel or entertainment expenses	·	·		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	6,695.		6,695.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25. column (A).				
	amount, list line 24e expenses on Schedule O.)				
а		9,408.		9,408.	
b	FURNITURE AND EQUIPMENT	4,833.		4,833.	
С	MISCELLANEOUS	3,293.	328.	2,965.	
d	SERVICE CHARGES	2,190.		2,190.	
е	·	1 00/ 00/	24.6 == 6	454	05.05
25_	Total functional expenses. Add lines 1 through 24e	1,084,903.	816,776.	171,066.	97,061
26	Joint costs . Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

		Check if Schedule O contains a response or not	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		308,714.	1	548,806.
	2	Savings and temporary cash investments		0007.220	2	010,000
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or			_	
		trustee, key employee, creator or founder, subst				
		controlled entity or family member of any of thes	·		5	
	6	Loans and other receivables from other disqualif			3	
	"	under section 4958(f)(1)), and persons described			6	
	7	Notes and loans receivable, net		7		
Assets	8	Inventories for sale or use			8	
Ass	9				9	
		Land, buildings, and equipment: cost or other			9	
	iva	basis. Complete Part VI of Schedule D	102			
	h		l [10c	
	11	Less: accumulated depreciation Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 1			12	
	13	Investments - other securities. See Fart IV, line in Investments - program-related. See Part IV, line in Investments - program-related.		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equal		308,714.	16	548,806.
	17	Accounts payable and accrued expenses	4,344.	17	,	
	18	Grants payable	, -	18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete I			21	
	22	Loans and other payables to any current or form				
Liabilities		trustee, key employee, creator or founder, subst				
iig		controlled entity or family member of any of thes			22	
Ë	23	Secured mortgages and notes payable to unrela			23	
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax, pa				
		parties, and other liabilities not included on lines				
		of Schedule D	, .		25	
	26	Total liabilities. Add lines 17 through 25		4,344.	26	0.
		Organizations that follow FASB ASC 958, che	ck here ▶ X			
es		and complete lines 27, 28, 32, and 33.				
anc	27			173,085.	27	423,450.
Bal	28	Net assets with donor restrictions		131,285.	28	125,356.
pu		Organizations that do not follow FASB ASC 9				
Ē		and complete lines 29 through 33.				
s or	29	Capital stock or trust principal, or current funds			29	
set	30	Paid-in or capital surplus, or land, building, or eq			30	
As	31	Retained earnings, endowment, accumulated in			31	
Net Assets or Fund Balances	32	Total net assets or fund balances	T and the second se	304,370.	32	548,806.
	33	Total liabilities and net assets/fund balances		308,714.	33	548,806.

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,32	<u>9,3</u>	<u>39.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,08		
3	Revenue less expenses. Subtract line 2 from line 1	3		4,4	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	30	4,3	<u>70.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	54	8,8	06.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

THE KELLIN FOUNDATION 46-3497352

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document? (vi) Amount of other (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support	,,		,			
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	, ,	• •	• •	, ,	, ,	.,
	membership fees received. (Do not						
	include any "unusual grants.")	217,329.	391,034.	883,285.	1173279.	1174711.	3839638.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	017 000	201 024	000 005	445050	445454	2020620
	Total. Add lines 1 through 3	217,329.	391,034.	883,285.	1173279.	1174711.	3839638.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11, column (f)						
_							3839638.
	Public support. Subtract line 5 from line 4.						3039030.
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	217,329.	391,034.	883,285.	1173279.	1174711.	3839638.
	Gross income from interest,		332,0320	000,2001			30330301
Ū	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10					_	3839638.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	205,023.
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
_	organization, check this box and stop						>
	tion C. Computation of Publi					Г	100 00
	Public support percentage for 2021 (I						100.00 %
	Public support percentage from 2020						100.00 %
16a	33 1/3% support test - 2021. If the c						
,	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the constitution much						
47~	and stop here. The organization qual						
1/a	10% -facts-and-circumstances test	-					
	and if the organization meets the facts					-	. .
h	meets the facts-and-circumstances te 10% -facts-and-circumstances test	-	•	* **	-	7a and line 15 is:	
b	more, and if the organization meets the	-					10/0 01
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization		-		•		
<u></u>	roundation if the organization	ald flot blicok a	557 OH III O 10, 100	., .OD, 174, OI 176	, cricon and box a	ia soo ii isti dotioi is	

Schedule A (Form 990) 2021

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support		·				
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
K	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year				+		
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	• • • • • • • • • • • • • • • • • • • •	(a) 2017	(b) 2010	(a) 2010	(4) 2020	(a) 2021	(f) Total
	ndar year (or fiscal year beginning in) Amounts from line 6	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gross income from interest,						
100	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975	_					
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) organization	on,
							>
Se	ction C. Computation of Publi	Support Per	centage				
15	Public support percentage for 2021 (li	ne 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2020					16	%
	ction D. Computation of Inves						
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2021. If the						7 is not
	more than 33 1/3%, check this box an						
k	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, chec						>

Schedule A (Form 990) 2021

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
_		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

132024 01-04-21 Schedule A (Form 990) 2021

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
C1	supported organizations played in this regard.	3		
	ion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instruction	l '	NI -
	Activities Test. Answer lines 2a and 2b below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	0-		
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	O.L.		
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3a		
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
	= 5.5 mm. = ation one side a casetainal adgree of all obtion over the pendios, programs, and addivided of cach			

of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 132025 01-04-22 Schedule A (Form 990) 2021

3b

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi:	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	ov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		•	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	Type III supporting orga	anization (see
	inate actional	, 5	3 9 -	`

Schedule A (Form 990) 2021

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	ınizations _{(continu}	ıed)	
Secti	ion D - Distributions		·	•	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exem				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizations	S	3	
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - prior IRS approval - prior IRS approval required - prior IRS approval - prior - prior IRS approval - prior -		5		
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t				
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	าร	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				

Schedule A (Form 990) 2021

Schedule B

(Form 990)

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

<u>_</u>	HE KELLIN FOUNDATION	46-3497352				
Organization type (check	cone):					
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	1				
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
501(c)(3) taxable private foundation						
Note: Only a section 501(Check if your organization is covered by the General Rule or a Special Rule . Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General Rule						
	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions by one contributor. Complete Parts I and II. See instructions for determining a contributor.					
Special Rules						
sections 509(a)(1 contributor, during	X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
year, contribution is checked, ente purpose. Don't c	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \ \rightarrow \ \sigma_{\text{organization}} \ \rightarrow \ \rightarrow \ \sigma_{\text{organization}} \ \rightarrow \rightarrow \ \rightarrow \rightarrow \rightarrow \ \rightarrow \rightarrow \					
answer "No" on Part IV, lin	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedune 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 9 ing requirements of Schedule B (Form 990).	*				

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization Employer identification number

THE KELLIN FOUNDATION

46-3497352

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$133,365 .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$90,295.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 367,858.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 25,000.	Person X Payroll

Schedule B (Form 990) (2021)

Name of organization Employer identification number

THE KELLIN	FOUNDATION
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46-3497352

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021) Page **3**

Name of organization

Employer identification number

THE KELLIN FOUNDATION

46-3497352

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

Page 4 Schedule B (Form 990) (2021) Name of organization **Employer identification number** THE KELLIN FOUNDATION 46-3497352 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year Part III from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and 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, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

123454 11-11-21 Schedule B (Form 990) (2021)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE KELLIN FOUNDATION

Employer identification number 46-3497352

Par			Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	_	
	are the organization's property, subject to the organization's $ \\$	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be use	ed only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose cor	nferring
	impermissible private benefit?		Yes No
Par			rt IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recrea		historically important land area
	Protection of natural habitat	Preservation of a	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the or	ganization during the tax
_	year		
4	Number of states where property subject to conservation eas	-	
5	Does the organization have a written policy regarding the per		
_	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing conserv	vation easements during the year
7	Amount of avanages incurred in manitoring increasing base	lling of violations, and enforcing concernation	a accompante duving the vecy
7	Amount of expenses incurred in monitoring, inspecting, hand	ning of violations, and enforcing conservation	n easements during the year
	▶ \$ Does each conservation easement reported on line 2(d) abov	es satisfy the requirements of section 170/b/	4\/D\/;\
8			
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation		
3	balance sheet, and include, if applicable, the text of the footr	·	
	organization's accounting for conservation easements.	iote to the organization's infancial statement	s that describes the
Par		Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" on Form		
	If the organization elected, as permitted under FASB ASC 95		balance sheet works
	of art, historical treasures, or other similar assets held for put	, ,	
	service, provide in Part XIII the text of the footnote to its finar	, ,	
b	If the organization elected, as permitted under FASB ASC 95		ance sheet works of
	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	,,	,
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
			. .
2	If the organization received or held works of art, historical treatments		
	the following amounts required to be reported under FASB A	•	••
а	Revenue included on Form 990, Part VIII, line 1	-	> \$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2021

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	dule D (Form 990) 2021 THE KELL TIII Organizations Maintaining C	ollections of A	TION T Hist	orical Tre	asures o	r Other	Similar	40-34 Assets	91332	P2	age Z
3	(Continued)										
3											
_	collection items (check all that apply): a Public exhibition d Loan or exchange program										
a	Public exhibition										
b	Scholarly research	•	e	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co							se in Part	XIII.		
5	During the year, did the organization solicit or					er similar a	ssets		٦		1
Dai	to be sold to raise funds rather than to be ma								Yes		No
Pai	t IV Escrow and Custodial Arrang		ete if the	organizatio	n answered	"Yes" on F	orm 990	, Part IV,	ine 9, or		
	reported an amount on Form 990, Par										
1a	Is the organization an agent, trustee, custodia								7		1
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able:							
									Amount		
	Beginning balance						1c				
	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f			_	
	Did the organization include an amount on Fo						y?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Pai	T V Endowment Funds. Complete i										
	•	(a) Current year	(b) F	Prior year	(c) Two yea	rs dack (a) Inree y	ears back	(e) Four	years	раск
	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end baland	e (line 1ç	g, column (a))) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
3а	Are there endowment funds not in the posses	ssion of the organiz	ation tha	t are held ar	nd administer	red for the	organiza	ation	_		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the		wment f	unds.							
Pai	t VI Land, Buildings, and Equipm			, ,,							
	Complete if the organization answered	d "Yes" on Form 99	U, Part IV	/, line 11a. S	See Form 990			- 1			
	Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value										
	basis (investment) basis (other) depreciation										
	Land										
	Buildings										
	Leasehold improvements										
d	Equipment										

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 THE KELLIN	FOUNDATION	46	-3497352 Page 3
Part VII Investments - Other Securities.	Town 000 Deat IV I'm	44h O Farra 000 Bart V Pag 40	
Complete if the organization answered "Yes"		-	d of year market value
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	a-or-year market value
(1) Financial derivatives			
(2) Closely held equity interests (3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	F 000 D-+ N/ 15	44 d. O. a. Farras 000 Bank V. Bank 45	
Complete if the organization answered "Yes"	Description	11d. See Form 990, Part X, line 15.	(b) Book value
	Description		(b) Book value
(1)			
(2)			
(3)			
<u>(4)</u>			
<u>(5)</u> (6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	 e 15)	•	
Part X Other Liabilities.	<u> </u>		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	•
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	e 25)	_	

Schedule D (Form 990) 2021

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2021

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

THE KELLIN FOUNDATION

Employer identification number

THE KEL	LIN FOUNDATION				46-3497	<u>352</u>
Part I Fundraising Activities. required to complete this part	Complete if the organization answett.	ered "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
1 Indicate whether the organization rais		ng activ	ities (Check all that apply		
				overnment grants		
b Internet and email solicitations			-	nment grants		
c Phone solicitations	g Special	fundra	ising (events		
d In-person solicitations						
2 a Did the organization have a written of	or oral agreement with any individual	(includ	ling of	ficers, directors, trus	tees, or	
key employees listed in Form 990, Pa	art VII) or entity in connection with p	rofessi	onal fu	undraising services?	Yes	No
b If "Yes," list the 10 highest paid indiv	viduals or entities (fundraisers) pursu	ant to	agreer	ments under which th	ne fundraiser is to be)
compensated at least \$5,000 by the			-			
	T			T	T	Г
(1) A		(iii)	Did	(,) 0	(v) Amount paid	(vi) Amount paid
(i) Name and address of individual	(ii) Activity	fundr have c or con contrib	aiser ustody	(iv) Gross receipts	to (or retained by) fundraiser	to (or retained by)
or entity (fundraiser)		or cor	trol of utions?	from activity	listed in col. (i)	organization
		Yes	No			
otal						
3 List all states in which the organizatio	in is registered or licerised to solicit c	COTILID	utions	or has been nouned	it is exempt from re	Jistration
or licensing.						

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Schedule G (Form 990) 2021

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

46-3497352 Page 2 THE KELLIN FOUNDATION Schedule G (Form 990) 2021 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events JOURNEY TO NONE (add col. (a) through BRAVE col. (c)) (event type) (event type) (total number) 42,575. 42,575. Gross receipts 1 42,575. 42,575. 2 Less: Contributions Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Expenses Noncash prizes Direct [Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: _

Schedule G (Form 990) 2021

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

b If "Yes," explain:

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Scn	edule G (Form 990) 2021 THE KELLIN FOUNDATION 46	<u>-349</u>	1332	Page 3
11	Does the organization conduct gaming activities with nonmembers?	[Yes	No No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	\square	Yes	No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a	1	<u>%</u>
	An outside facility	. 13k	<u> </u>	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization \$\bigs\\$ and the amount			
	of gaming revenue retained by the third party > \$			
С	If "Yes," enter name and address of the third party:			
	Name ▶			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation > \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
_	retain the state gaming license?		Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year > \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III, I	ines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule G	(Form 990) THE KELLIN FOUNDATION	46-3497352 Page 4
Part IV	(Form 990) THE KELLIN FOUNDATION Supplemental Information (continued)	

SCHEDULE 0 (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 **Open to Public** Inspection

Internal Revenue Service Name of the organization

THE KELLIN FOUNDATION

Employer identification number 46-3497352

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
FAMILIES, AND ADULTS THROUGH BEHAVIORAL HEALTH SERVICES, VICTIM
ADVOCACY, AND COMMUNITY OUTREACH. WE SUPPORT CHILDREN, FAMILIES, AND
COMMUNITIES TO ACHIEVE SAFETY AND WELLNESS. WE PROVIDE PERSONALIZED AND
COMPREHENSIVE COMMUNITY-BASED PROGRAMMING. OUR GOALS ARE TO ASSIST
INDIVIDUALS AND COMMUNITIES WITH SAFETY, RESTORE HOPE, FACILITATE
HEALING, AND ACHIEVE HOLISTIC WELLNESS. WE BELIEVE THAT MENTAL,
PHYSICAL, SOCIAL AND SPIRITUAL WELL-BEING ALL CONTRIBUTE TO THE ABILITY
OF INDIVIDUALS TO REACH THEIR FULL POTENTIAL AND THUS WE USE AN
INTEGRATED APPROACH TO OUR PROGRAMMING.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
RESTORE HOPE, FACILITATE HEALING, AND ACHIEVE HOLISTIC WELLNESS. WE
BELIEVE THAT MENTAL, PHYSICAL, SOCIAL AND SPIRITUAL WELL-BEING ALL
CONTRIBUTE TO THE ABILITY OF INDIVIDUALS TO REACH THEIR FULL POTENTIAL
AND THUS WE USE AN INTEGRATED APPROACH TO OUR PROGRAMMING.
FORM 990, PART VI, SECTION B, LINE 11B:
FORM 990 IS EMAILED TO BOARD TO REVIEW AND MAKE COMMENTS
FORM 990, PART VI, SECTION B, LINE 12C:
CONFLICT OF INTEREST POLICY IS REVIEWED AND UPDATED ANNUALLY BY ALL BOARD
MEMBERS.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD APPROVES THE EXECUTIVE DIRECTOR'S SALARY AND A TOTAL SALARY FOR LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page 2

Schedule O (Form 990) 2021	Page 2
Name of the organization THE KELLIN FOUNDATION	Employer identification number 46-3497352
ALL EMPLOYEES DURING THE BUDGET AND APPROVAL PROCESS. THE	EXECUTIVE
DIRECTOR AUTHORIZES SALARIES FOR EACH EMPLOYEES	RECEIVE A
FORMAL ANNUAL PERFORMANCE EVALUATION WHERE ANY CHANGE IN	PAY IS DOCUMENTED
AND KEPT IN THE PERSONNEL FILE.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS DOCUMENTS AVAILABLE FOR PUBLIC	INSPECTION UPON
REQUEST	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONTRACT FEES:	
PROGRAM SERVICE EXPENSES	137,063.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	137,063.
OTHER PURCHASED SERVICES:	
PROGRAM SERVICE EXPENSES	3,326.
MANAGEMENT AND GENERAL EXPENSES	3,989.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	7,315.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	144,378.