TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2022

Prepared	l For:	
	The Kellin Foundation 2110 Golden Gate Drive B Greensboro, NC 27405	
Prepared	I By:	
	Carr, Riggs & Ingram, P.L.L.C. PO Box 5869 High Point, NC 27262	
Amount	Due or Refund:	
	Not applicable	
Make Ch	eck Payable To:	
	Not applicable	
Mail Tax	Return and Check (if applicable) To:	
	Not applicable	
Return M	lust be 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) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A F	or the	2022 calendar year, or tax year beginning and	l ending	_	
3 c	heck if pplicable	C Name of organization		D Employer identifi	cation number
	Addres	THE KELLIN FOUNDATION			
	Name change			46-34973	52
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r
	Final return/	2110 GOLDEN GATE DRIVE	В	336-429-	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,678,168.
X	Amend			H(a) Is this a group re	
	Applica tion pendin			for subordinates	
		SAME AS C ABOVE		H(b) Are all subordinates in	
		mpt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	1	list. See instructions
	Vebsit		1	H(c) Group exemption	
K F		organization: X Corporation Trust Association Other	L Year	of formation: 2013	M State of legal domicile: NC
Pa		Summary	ZDII TAI	EOIMDAMTON	TC 3
او		Briefly describe the organization's mission or most significant activities: $\frac{THE}{NONPROFIT}$ 501(C)3 ORGANIZATION THAT BUILI			
ä		Check this box if the organization discontinued its operations or dispo			
Activities & Governance	_				20
န်		Number of independent voting members of the governing body (Part VI, line 1a)			20
∞ ∞		Fotal number of individuals employed in calendar year 2022 (Part V, line 2a)			23
iğ.		Fotal number of volunteers (estimate if necessary)			30
ફ		Fotal unrelated business revenue from Part VIII, column (C), line 12			0.
۲		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		1,200,664.	1,442,963.
Revenue	9	Program service revenue (Part VIII, line 2g)		128,675.	209,412.
e	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	246.
۳	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	4,001.
	12	Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,329,339.	1,656,622.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		786,407.	911,555.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Š	b ·	Fotal fundraising expenses (Part IX, column (D), line 25)		200 255	220 260
	'''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		298,355. 1,084,762.	339,368.
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12		244,577.	405,699.
- X	וט	neveride less expenses. Subtract line 16 from line 12	Be	ginning of Current Year	End of Year
t Assets or d Balances	20	Fotal assets (Part X, line 16)		548,806.	954,505.
Ass Bal	21	rotal assets (Part X, line 16) Fotal liabilities (Part X, line 26)		0.	0.
E.E		Net assets or fund balances. Subtract line 21 from line 20		548,806.	954,505.
Pa	rt II	Signature Block		•	
Jnde	er pena	ties of perjury, I declare that I have examined this return, including accompanying schedule	s and stateme	ents, and to the best of my	/ knowledge and belief, it is
rue,	correc	, and complete. Declaration of preparer (other than officer) is based on all information of w	hich preparer	has any knowledge.	
Sigr		Signature of officer		Date	
Here	е	KELLY GRAVES, EXECUTIVE DIRECTOR			
		Type or print name and title	1 -)oto I -	DTIN
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid	l l	LISA POPLIN LISA POPLIN	0	1/05/24 "self-employ Firm's EIN 7	
	arer	Firm's name CARR, RIGGS & INGRAM, P.L.L.C.	2-1396621		
Jse	Only	Firm's address PO BOX 5869			6 001 0110
4 -	. Ale - 'T	HIGH POINT, NC 27262		Phone no. 3 3	6.884.0410 X Yes No
viav	THE IF	S discuss this return with the preparer shown above? See instructions			LALYES NO

Pai	Statement of Program 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 \$
	TRAUMA RECOVERY PROGRAM PROVIDES COMMUNITY BASED SERVICES FOR CHILDREN,
	ADOLESCENTS AND FAMILIES EXPOSED TO FAMILY VIOLENCE, DOMESTIC VIOLENCE
	OR OTHER TRAUMATIC LIFE EVENTS. THIS PROGRAM IS FUNDED BY SEVERAL
	GOVERNMENTAL GRANTS THAT TARGET VICTIMS OF CRIME - THE SAMHSA TREEHOUSE
	GRANT TARGETS CHILDREN AND ADOLESCENTS EXPOSED TO TRAUMA AND THE GCC
	VICTIM RECOVERY AND RESILIENCY GRANT TARGETS ALL VICTIMS OF CRIME.
4b	(Code:) (Expenses \$202,798. including grants of \$) (Revenue \$)
	COMMUNITY RESPONSE TO AMERICA'S ADDICTION CRISIS - SERVING THE YOUNGEST
	CRIME VICTIMS: THE PURPOSE OF THE PROGRAM IS TO ADDRESS AN URGENT GAP
	IN CRIME VICTIM SERVICES RELATED TO AMERICA'S DRUG CRISIS TO SUPPORT
	DIRECT SERVICES TO CHILDREN AND YOUTH WHO ARE CRIME VICTIMS AS A RESULT
	OF THE ADDICTION CRISIS. THE PROGRAM SEEKS TO ENHANCE THE NATION'S
	CAPACITY TO ASSIST CRIME VICTIMS AND PROVIDE LEADERSHIP IN CHANGING
	POLICIES AND PRACTICES TO PROMOTE JUSTICE AND HEALING FOR ALL VICTIMS
	OF CRIME. KELLIN FOUNDATION ACHEIVES THIS MISSION BY DEVELOPING
	INNOVATIVE TRAINING AND TECHINAL ASSISTANCE AND PROVIDES DIRECT
	SERVICES TO IMPROVE THE OVERALL QUALITY OF VICTIM ASSISTANCE.
	122 (22
4c	(Code:) (Expenses \$122,632. 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 \$ 100,115. including grants of \$) (Revenue \$ 209,412.) Total program service expenses 988,623.
<u>4e</u>	Total program service expenses 988,623. Form 990 (2022)
	Form 990 (2022)

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Form 990 (2022) 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			
Ŭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ŭ		
'		7		X
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			₩
	Schedule D, Part III	8		X
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?			
	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		Х
c	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
ч	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			
u		11d		X
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11e		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	1 ie		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	_X_	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			l
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	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			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	···		<u> </u>
.0		18	Х	
10	1c and 8a? If "Yes," complete Schedule G, Part II	10	-22	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
00	complete Schedule G, Part III	19		X
20a	5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	20a		X
b	, , , , , , , , , , , , , , , , , , , ,	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

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Form **990** (2022)

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Form 990 (2022) THE KELLIN FOUNDATION Part IV Checklist of Required Schedules (continued)

	- (outlines)		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			
	Schedule J	23		_X_
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			
	Schedule K. If "No," go to line 25a	24a		<u>X</u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
ام	any tax-exempt bonds?	24c 24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
2 5a	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		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	23a		
b	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		Х
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%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	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? If "Yes," complete Schedule L, Part III	27		<u>X</u>
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_
	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		<u>X</u>
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			37
	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	00		х
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
. .	Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		_	
D-	Note: All Form 990 filers are required to complete Schedule 0	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
4 -	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
		-		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
U	(gambling) winnings to prize winners?	1c	Х	
	1G G G			

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(2022) THE KELLIN FOUNDATION

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return	23						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Х				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		<u>X</u>			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over	-						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?		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 Accounts (FBA	AR).			77			
5a			5a		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		_X_			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization				v			
	any contributions that were not tax deductible as charitable contributions?		6a		<u>X</u>			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
_	were not tax deductible?		6b					
7	Organizations that may receive deductible contributions under section 170(c).				X			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided		7a					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		- I		Х			
لم	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d		7c		$\overline{}$			
d			7e		X			
e f			7e 7f		X			
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as r	required?	7g					
9 h								
8								
Ŭ	appropriate averagization have exceed by since heldings at any time diving the year?		8					
9								
а	Did the sponsoring organization make any taxable distributions under section 4966?	ľ	9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b					
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b							
11	Section 501(c)(12) organizations. Enter:							
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.)							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
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							
	organization is licensed to issue qualified health plans							
	Enter the amount of reserves on hand							
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		_X_			
	· · · · · · · · · · · · · · · · · · ·		14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				v			
	excess parachute payment(s) during the year?		15		X			
	If "Yes," see the instructions and file Form 4720, Schedule N.		46		v			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		X			
47	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities		,,					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17					
	If "Yes," complete Form 6069.							

232005 12-13-22

Form **990** (2022)

THE KELLIN FOUNDATION 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. Check if Schedule O contains a response or note to any line in this Part VI **Section A. Governing Body and Management** Yes No 20 **1a** Enter the number of voting members of the governing body at the end of the tax year 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. 20 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? Х 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х The organization's CEO, Executive Director, or top management official 15a Х 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Another's website __ Other (explain on Schedule O) Own website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial

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GREENSBORO, NC

State the name, address, and telephone number of the person who possesses the organization's books and records

27405

statements available to the public during the tax year.

KELLY GRAVES - 336-429-5600 2110 GOLDEN GATE DRIVE, STE B.

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, box 6 of 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average	(do		Pos		l than d	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	son is	s both	n an	compensation	compensation	amount of
	week			u a u	10010	17 11 113	T	from	from related	other
	(list any hours for	ndividual trustee or director				_		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	ıal tru		oyee	aduc		1099-NEC)	,	and related
	below	vidual	nstitutional trustee	Je.	Key employee	Highest compensated employee	ner			organizations
	line)	ığı	Insti	Officer	Key	E g	Former			
(1) DR. KELLY GRAVES	40.00									
EXECUTIVE DIRECTOR		Х		Х				139,258.	0.	3,690.
(2) DWIGHT CROTTS	1.00									
DIRECTOR		Х						0.	0.	0.
(3) CARMEN DEESE	5.00									
PRESIDENT		Х		Х				0.	0.	0.
(4) SHAWN HUTCHINSON	5.00									
TREASURER		X		Х				0.	0.	0.
(5) JESSICA DALTON	5.00									
SECRETARY		Х		Х				0.	0.	0.
(6) MICHELLE GILL-MOFFAT	1.00									
DIRECTOR		X						0.	0.	0.
(7) EMILY HEDRICK	1.00									
DIRECTOR		X						0.	0.	0.
(8) PILAR DEPABLO POWELL	1.00									
DIRECTOR		X						0.	0.	0.
(9) K. MICHIE HARRISS DEW	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(10) MARIAN F. EARLS	1.00									
DIRECTOR		X						0.	0.	0.
(11) STEPHANIE MARDIS	1.00									
DIRECTOR		X						0.	0.	0.
(12) TAMIEKA HOWELL	1.00									
DIRECTOR		X						0.	0.	0.
(13) SARI ROSE	1.00									
DIRECTOR		X						0.	0.	0.
(14) ASHELY HARRIS	1.00									
DIRECTOR		Х						0.	0.	0.
(15) CHANDLER T BOYLE	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(16) ELISSA LANGLEY	1.00									_
DIRECTOR		X						0.	0.	0.
(17) HUGH MURTAGH	1.00	1_							_	_
DIRECTOR		X						0.	0.	0.

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Name and title	Average hours per week	(do not check more than one box, unless person is both an officer and a director/trustee)						compensation	Reportable compensatio	n	Est am		
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Eormer	the organization (W-2/1099-MISC/ 1099-NEC)	organization: (W-2/1099-MIS 1099-NEC)		fro orga and	pensat om the anizati d relate inizatio	e on ed
(18) JACOB WATKINS	1.00									_			^
OIRECTOR (19) NICOLE VILLANO	1.00	Х				-	+	0.		0.			0.
DIRECTOR	1.00	Х						0.		0.			0.
(20) PAM PITTMAN	1.00					T	t						
DIRECTOR		х						0.		0.			0.
(21) SARAH ROZEK	1.00												
DIRECTOR		Х						0.		0.			0.
						_				\longrightarrow			
1b Subtotal								139,258.		0.	 .	3,69	90.
c Total from continuation sheets to Part VII								0.		0.		,,0,	0.
d Total (add lines 1b and 1c)								139,258.		0.		3,69	
2 Total number of individuals (including but no								received more than \$100	,000 of reportable	,			1
compensation from the organization												Yes	1 No
3 Did the organization list any former officer,	director, truste	ee, k	кеу є	empl	loye	e, o	r hi	ghest compensated emp	loyee on	[
line 1a? If "Yes," complete Schedule J for so	uch individual										3		X
4 For any individual listed on line 1a, is the su													77
and related organizations greater than \$150											4		X
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes." com	=				-			ted organization or indivi	dual for services	ŀ	5		Х
Section B. Independent Contractors	Dicto Goncadio	, 0 /	<i>31</i> 30	1011	0070	,0,,,							
1 Complete this table for your five highest con										ensat	ion fro	m	
the organization. Report compensation for t	the calendar ye	ear e	ndır	ng w	ith (or w	ıthı	n the organization's tax y (B)	ear.		(C	·)	
Name and business	address	NO	ONE	3				Description of s	services	С	omper		า
2 Total number of independent contractors (in	ncluding but no	ot lin	nited	d to	thos	se lis	ste	d above) who received m	ore than				
\$100,000 of compensation from the organization	· ·				(0		•					

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16240106 704202 02-22604 000

art VIII	Statement of	Revenue
----------	--------------	---------

			Check if Schedule O c	onta	ains a respo	nse (or note to any lin	e in this Part VIII			
								(A)	(B)	(C)	(D)
								Total revenue	Related or exempt	Unrelated	Revenue excluded
									function revenue	business revenue	from tax under sections 512 - 514
					1.1						30000013 3 12 3 14
nts Str			Federated campaigns								
ž a			Membership dues								
A, C		С	Fundraising events		1c		79,132.				
# Ja		d	Related organizations		1d						
B,		е	Government grants (contri	butio	ons) 1e		811,785.				
ë is		f	All other contributions, gifts,	grant	s, and						
E E			similar amounts not included	-			552,046.				
草草		a	Noncash contributions included in I				•				
Contributions, Gifts, Grants and Other Similar Amounts		_	Total. Add lines 1a-1f		~ [. <u>.9</u>]			1,442,963.			
0 0		<u>''</u>	Total. Add lines 1a-11				Business Code	1,112,3031			
							624100	205,507.	205,507.		
<u>i</u>				MOI	<u> </u>	_	624100	3,905.	3,905.		
e ⊆			SERVICE FEES			_	024100	3,903.	3,903.		
o S		С									
ĕ a		d									
Program Service Revenue		е									
₽		f	All other program service	ever	nue						
		g	Total. Add lines 2a-2f					209,412.			
	3		Investment income (includ								
								246.			246.
	4		Income from investment o								
	5		Royalties		•	•					
	•		rioyanics		(i) Rea	<u></u>	(ii) Personal				
	•	_	O		(1) 1104	'	(ii) i Greenai				
			Gross rents	6a							
			Less: rental expenses	6b				•			
			Rental income or (loss)	6с							
			Net rental income or (loss)								
	7	а	Gross amount from sales of		(i) Securit	ies	(ii) Other				
			assets other than inventory	7a							
		b	Less: cost or other basis								
e le			and sales expenses	7b							
her Revenue		С	Gain or (loss)	7с							
Ş.			Net gain or (loss)								
ē			Gross income from fundraisin								
됩	_	_	including \$ 79	. 1	32. of						
~			contributions reported on								
			Part IV, line 18		•	00	25,547.				
		L-				8b	21,546.				
			Less: direct expenses			<u> </u>	21,540.	4,001.			4,001.
			Net income or (loss) from t					4,001.			±,001.
	9	а	Gross income from gaming	-							
			Part IV, line 19			9a					
			Less: direct expenses			9b					
		С	Net income or (loss) from	gami	ing activitie	s					
	10	а	Gross sales of inventory, le	ess r	eturns						
			and allowances			10a					
		b	Less: cost of goods sold			10b					
			Net income or (loss) from s			· · · ·					
							Business Code				
Sn.	11	а									
neo Tue	• •	a b				_					
Miscellaneous Revenue											
Sce		C	All other revenue								
Ĕ			All other revenue				L				
			Total. Add lines 11a-11d					1 656 600	200 412	0	4 0 4 7
	12		Total revenue. See instruction	ns				1,656,622.	209,412.	0.	4,247.

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Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising expenses (B) Program service expenses (C) Management and general expenses (A) Total expenses Do not include amounts reported on lines 6b. 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 140,546. 126,492. 7,027. 7,027. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 652,404. 537,726. 72,488. 42,190. Other salaries and wages 7 Pension plan accruals and contributions (include 14,908. 12,488. 1,495. 925. section 401(k) and 403(b) employer contributions) 5,823. 48,641. 3,605. 58,069. Other employee benefits 9 45,628. 38,221. 4,575. 2,832. 10 Payroll taxes Fees for services (nonemployees): Management 10,000. 10,000. Legal 15,830. 15,830. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 163,719. 105,593. 58,126. column (A), amount, list line 11g expenses on Sch O.) 2,799. 1,804.995. Advertising and promotion 12 15,801. 5,035. 10,766. 13 Office expenses Information technology 14 Royalties 15 42,146. 43,902. 1,756. 16 Occupancy 20,000. 19,200. 800. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 10,284. 10,284. 23 Other expenses. Itemize expenses not covered 24 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.) 18,222. 17,493. 729. COMMUNICATIONS EQUIPMENT RENTAL & MAIN 16,448. 15,790. 658. 8,497. FURNITURE AND EQUIPMENT 8,851. 354. 6,348. 6,348. d PROGRAM SUPPLIES $7,\overline{164}$. 3,149. 4,015. e All other expenses 1,250,923. 988,623. 205,721. 56,579. Total functional expenses. Add lines 1 through 24e 25 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)

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Form 990 (2022)

Part X | Balance Sheet

ı a	LA	Dalance Sheet				
		Check if Schedule O contains a response or note	to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		548,806.	1	889,269.
	2	Savings and temporary cash investments			2	65,236.
	3	Pledges and grants receivable, net	F		3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or				
		trustee, key employee, creator or founder, substa				
		controlled entity or family member of any of these	· ·		5	
	6	Loans and other receivables from other disqualifi				
		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	Prepaid expenses and deferred charges			9	
		Land, buildings, and equipment: cost or other				
	104	basis. Complete Part VI of Schedule D	102			
	h	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 1			12	
	13	Investments - other securities. See Part IV, line 1 Investments - program-related. See Part IV, line 1			13	
	14	Intangible assets Other assets See Bart IV line 11		14		
	15	Other assets. See Part IV, line 11		548,806.	15	954,505.
	16	Total assets. Add lines 1 through 15 (must equa	340,000.	16	934,303.	
	17	Accounts payable and accrued expenses		17		
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete F			21	
ies	22	Loans and other payables to any current or former				
Liabilities		trustee, key employee, creator or founder, substa				
Lia		controlled entity or family member of any of these			22	
_	23	Secured mortgages and notes payable to unrelat			23	
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax, pay				
		parties, and other liabilities not included on lines	17-24). Complete Part X			
		of Schedule D		0.	25	0.
	26	Total liabilities. Add lines 17 through 25	V	0.	26	0.
S		Organizations that follow FASB ASC 958, chec	ck here X			
၁င		and complete lines 27, 28, 32, and 33.		422 4E0		720 104
alar	27			423,450.	27	729,194. 225,311.
Ä	28			125,356.	28	223,311.
Ĭ		Organizations that do not follow FASB ASC 95	i8, check here			
Ē		and complete lines 29 through 33.				
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds			29	
SSe	30	Paid-in or capital surplus, or land, building, or equal to the surplus of the sur			30	
tΑ	31	Retained earnings, endowment, accumulated inc	F	F 4 0 00 C	31	054 505
Š	32	Total net assets or fund balances		548,806.	32	954,505.
	33	Total liabilities and net assets/fund balances		548,806.	33	954,505.

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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	1,65				
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,25				
3	Revenue less expenses. Subtract line 2 from line 1	3		5,6 8,8			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))						
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	95	4,5	<u>05.</u>		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>				
				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	Х			
	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	Х			
	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						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х			

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SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

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.

2022

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE KELLIN FOUNDATION

Employer identification number 46-3497352

Pa	rt I	Reason for Public C	Charity Status.	(All organizations must o	omplete th	nis part.) S		0 3437332
		zation is not a private found						
1		A church, convention of chi					(VAVi)	
2	H					11 17 0(15)(1	()(A)(I)·	
3	H	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).						
4	H	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,						
7		city, and state:	ation operated in cor	ijanotion with a nospital	acsonbca	iii Scotio	ii ii o(b)(i)(A)(iii). Liitoi	the nospital's name,
5		An organization operated for	or the benefit of a col	lege or university owner	l or operat	ed by a go	vernmental unit describe	ed in
3		section 170(b)(1)(A)(iv). (C		lege of drilversity owner	or operat	ca by a go	verninental unit describe	5 4 III
6		A federal, state, or local gov	•	contal unit described in	coction 17	70(h)(1)(A)	(v)	
7	X	An organization that normal	-				•	oublic described in
•		section 170(b)(1)(A)(vi). (Co	-	Titial part of its support if	om a gove	minentari	unit of from the general p	public described in
8		A community trust describe		1\langle \langle \lang	+ 11 \			
9	H	An agricultural research org				ad in coniu	inction with a land-grant	college
9		or university or a non-land-g				-	-	•
		university:	rant college of agrici	uiture (see iristructioris).	Litter the i	iairie, city	, and state of the college	<i>5</i> OI
10		An organization that normal	Illy receives (1) more t	than 33 1/3% of its sunr	ort from c	ontribution	ne membershin fees an	d gross receipts from
	ш	activities related to its exem						
		income and unrelated busin	•	•				-
		See section 509(a)(2). (Cor		(ICSS SCOTION OTT TAX) ITC	nn busines	oco acquii	cd by the organization a	arter burie 66, 1575.
11		An organization organized a	•	vely to test for public sa	fety See	section 50)9(a)(4).	
12	Ħ	An organization organized a	· ·	•	•			purposes of one or
-		more publicly supported org	•	•	•		•	• •
		lines 12a through 12d that of	-					
а		Type I. A supporting orga	• • • • • • • • • • • • • • • • • • • •				, ,	aivina
_		the supported organization	•	•	•	-		
		organization. You must c			,, -			
b		Type II. A supporting orga			tion with its	s supporte	d organization(s), by hav	vina .
		control or management of	· ·					-
		organization(s). You mus					3	
С		Type III functionally inte			in connect	ion with, a	and functionally integrate	ed with,
		its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ctions A,	D, and E.	
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection w	vith its supported organiz	zation(s)
		that is not functionally into	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	juirement and an attentiv	veness
		requirement (see instructi	ons). You must con	nplete Part IV, Sections	A and D,	and Part	V.	
е		Check this box if the orga	nization received a v	written determination fro	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.		
f	Ente	r the number of supported o	organizations					
g		ride the following information Name of supported	about the supporter	d organization(s). (iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of monetary	(vi) Amount of other
	(1	organization	(11) =114	(described on lines 1-10	in your governi	ng document?	support (see instructions)	support (see instructions)
				above (see instructions))	Yes	No		
	_							

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

(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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and		• •	, ,	, ,	, ,	
	membership fees received. (Do not						
	include any "unusual grants.")	391,034.	883,285.	1173279.	1174711.	1468510.	5090819.
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						
4	Total. Add lines 1 through 3	391,034.	883,285.	1173279.	1174711.	1468510.	5090819.
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)						
	Public support. Subtract line 5 from line 4.						5090819.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	391,034.	883,285.	1173279.	1174711.	1468510.	5090819.
8	Gross income from interest,						
	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.)						5000010
11	Total support. Add lines 7 through 10						5090819.
	Gross receipts from related activities,	•	,			12	358,222.
13	First 5 years. If the Form 990 is for the	-		•			
604	organization, check this box and stor						
	ction C. Computation of Publi			. (0)		T T	100 00 ~
	Public support percentage for 2022 (I						$\frac{100.00}{100.00}$ %
	Public support percentage from 2021						
108	33 1/3% support test - 2022. If the content have The experience qualifies	~					
	stop here. The organization qualifies						
L.	33 1/3% support test - 2021. If the c						
170	and stop here. The organization qual						
17 a	10% -facts-and-circumstances test						
	and if the organization meets the fact		•	•		•	
L	meets the facts-and-circumstances te	ū	•			70. and line 15 is:	
i.	10% -facts-and-circumstances test	-					1U70 UI
	more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
12							
10	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						
						ochedule A	(にいけ シラリ) としとと

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	·	<u> </u>				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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						
6	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.)						
	ction B. Total Support	I	I			T	T
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6 Gross income from interest,						
102	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
C	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
_	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business						
••	activities not included on line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						
-	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for the	ne organization's fi	rst. second, third, t	ourth, or fifth tax	vear as a section 5	i01(c)(3) organizatio	on.
		•					
Sec	ction C. Computation of Publi						
15	Public support percentage for 2022 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2021					16	%
Se	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	022 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2021 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2022. If the	organization did r	ot check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che						
'nΩ	Drivate foundation If the organization	n did not chack a	hay an line 1/1 10/	a ar 10h ahaal th	no hay and ago inc	tructions	

232023 12-09-22

Schedule A (Form 990) 2022

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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
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	10a		
	10b		

232024 12-09-22 Schedule A (Form 990) 2022

Pai	rt 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		
Sec	tion B. Type I Supporting Organizations			
	_		Yes	No
1	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		
Sec	tion 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			
<u></u>	the supported organization(s).	1		
Sec	tion 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		
3	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			
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below.			
a b				
C	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instr	tion.	~ 1	
2	Activities Test. Answer lines 2a and 2b below.	ructions	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	IVO
u	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 that these activities constituted substantially all of its activities.	2a		
h	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	4		
_	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			
	these activities but for the organization's involvement.	2b		
3	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			
-	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

3b

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-functionally in	ntegra	ted Type III supporting orgar	nization (see

instructions)

Schedule A (Form 990) 2022

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Secti	on D - Distributions		·		Current Year	
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp					
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		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 the	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
		(i)	(ii)		(iii)	
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	s 	Distributable Amount for 2022	
1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
а	From 2017					
b	From 2018					
с	From 2019					
d	From 2020					
е	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2022 distributable amount					
i_	Carryover from 2017 not applied (see instructions)					
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2022 distributable amount					
с	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
a	Excess from 2018					
b	Excess from 2019					
с	Excess from 2020					
d	Excess from 2021					
	Excess from 2022					

Schedule A (Form 990) 2022

Schedule B

(Form 990)

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

	THE KELLIN FOUNDATION	46-3497352				
Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	\boxed{X} 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	on				
	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	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Sp	ecial Rule. See instructions.				
General Rule						
	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions my one contributor. Complete Parts I and II. See instructions for determining a con					
Special Rules						
sections 509(a)(contributor, duri	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, contributio is checked, ente purpose. Don't o	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					
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must nswer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify nat it doesn't meet the filing 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) (2022)

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

тиг	KET.T.TM	FOUNDATION
THE	VETITIN	LOUNDATION

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		\$ <u>166,707.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions \$ 33,633.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 211,702.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$63,787.	Person X Payroll

Schedule B (Form 990) (2022) Name of organization Employer identification number

HE K	ELLIN FOUNDATION	46	<u> -3497352</u>
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
7		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO.	Name, audiess, and ZIF + 4	\$	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.)
(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) (2022) 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
		\$	

Schedule B (Form 990) (2022) Page **4**

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 (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

223454 11-15-22 Schedule B (Form 990) (2022)

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

Pai	Organizations Maintaining Donor Advised		nds or Accou	nts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.		
		(a) Donor advised funds	(b) Fu	inds 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 w	vriting that the assets held in donor	advised funds	
	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 ad			
	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?			
Pai				
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreat		on of a historicall	y important land area
	Protection of natural habitat	· —	on of a certified h	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the	form of a conserv	ation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а			2a	
b	T 1 1			
С	Number of conservation easements on a certified historic stru			
	Number of conservation easements included in (c) acquired a			
		······································	2d	
3	Number of conservation easements modified, transferred, rele			n during the tax
_	year		, g	
4	Number of states where property subject to conservation eas	ement is located		
5	Does the organization have a written policy regarding the peri		a of	
_	violations, and enforcement of the conservation easements it	• • • • • • • • • • • • • • • • • • • •	•	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
_	···g, ··			g ,
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enforcing cons	servation easeme	nts during the year
-	,			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section	170(h)(4)(B)(i)	
_			. , . , . , . ,	Yes No
9	In Part XIII, describe how the organization reports conservation			
_	balance sheet, and include, if applicable, the text of the footne	•		
	organization's accounting for conservation easements.	5.5 .5 5. ga _ a 5a 5		
Pai		Art, Historical Treasures, o	r Other Simila	ar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 958		ent and balance s	sheet works
	of art, historical treasures, or other similar assets held for pub	•		
	service, provide in Part XIII the text of the footnote to its finan			
h	If the organization elected, as permitted under FASB ASC 958			et works of
-	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:	exhibition, education, or rescaron in	runtiliciance of pr	ablic 3ct vice,
	in			\$
				\$
2	If the organization received or held works of art, historical trea	scures or other similar assets for fine		· -
~	,	,	anciai yain, provid	ı⊏
_	the following amounts required to be reported under FASB AS			¢
a h	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X			
D	ASSES INCIDUEU IN FUITH SSU, FAILA			U

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Schedule D (Form 990) 2022

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

Pai	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Oth	er Si	milar Asset	s (conti	nued)	.,
3	Using the organization's acquisition, accession	on, and other record	ls, check any of the	following that make	signif	cant use of its	,		
	collection items (check all that apply):		•	-	_				
а	Public exhibition	c	Loan or ex	change program					
b	Scholarly research	e							
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how they further	the organization's ex	empt	ourpose in Part	XIII.		
5	During the year, did the organization solicit o	· ·	-	-	-	•			
	to be sold to raise funds rather than to be ma		*				Yes		No
Pai	t IV Escrow and Custodial Arran	gements. Compl	ete if the organizati				line 9, o		
	reported an amount on Form 990, Pai		3			,	,		
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contribution	ns or other assets no	ot inclu	ıded			
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII								
	3	į	3		ſ		Amour	nt	
С	Beginning balance				İ	1c			
	Additions during the year					1d			
	Distributions during the year					1e			
f	Ending balance					1f			
	Did the organization include an amount on Fe						Yes		No
	If "Yes," explain the arrangement in Part XIII.								j
Pai									
		(a) Current year	(b) Prior year	(c) Two years back		Three vears back	(e) Fou	r vears	back
1 a	Beginning of year balance	, ,	.,,,	, , ,	<u> </u>		<u> </u>		
	Contributions								
	Net investment earnings, gains, and losses								
	Grants or scholarships						1		
е	Other expenditures for facilities								
	and programs				_				
	Administrative expenses				_				
g	End of year balance			-\\ l= d =			1		
2	Provide the estimated percentage of the curr			a)) neid as:					
a	Board designated or quasi-endowment		%						
b	Permanent endowment	%							
С		%							
	The percentages on lines 2a, 2b, and 2c show	•							
За	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	and administered for	the			Yes	Na
	organization by:						[a m	res	No
	(i) Unrelated organizations						3a(i)		
	(ii) Related organizations						3a(ii)		
	If "Yes" on line 3a(ii), are the related organiza			?			. 3 b		
4	Describe in Part XIII the intended uses of the		wment funds.						
Pai	t VI Land, Buildings, and Equipm		0 David IV 15 44	O E 000 D t	V 15	10			
	Complete if the organization answered		· ·						
	Description of property	(a) Cost or o	' '			mulated	(d) Boo	k valu	е
		basis (investr	ment) basis	s (other)	depred	iation			
	Land								
	Buildings								
	Leasehold improvements	I							
d	Equipment								
<u>e</u>	Other								_
Tota	. Add lines 1a through 1e. (Column (d) must e	gual Form 990. Part	X. column (B). line	10c.)					0.

Schedule D (Form 990) 2022

	ule D (Form 990) 2022 THE KELLIN	FOUNDATION	4	6-3497352 Page
Part	VII Investments - Other Securities. Complete if the organization answered "Yes"	on Form 990 Part IV line	11h See Form 990 Part X line 12	
(a) D	escription of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	end-of-year market value
(1) Fir	nancial derivatives			
	osely held equity interests			
3) Ot				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part	VIII Investments - Program Related.			
	Complete if the organization answered "Yes"			
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part	IX Other Assets.	F 000 D+ N/ E	11.1 O Farm 000 Bart V Frag 15	
	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(la) Daaleesalee
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(8) (9)	(O. J (I.)	45)		
(8) (9) otal.	(Column (b) must equal Form 990, Part X, col. (B) line	∋ 15.)		
(8) (9) otal.	X Other Liabilities.		11e or 11f See Form 990 Part X line	25
(8) (9) otal. Part	X Other Liabilities. Complete if the organization answered "Yes"		11e or 11f. See Form 990, Part X, line	
(8) (9) otal.	Complete if the organization answered "Yes" (a) Description of liability		11e or 11f. See Form 990, Part X, line	25. (b) Book value
(8) (9) otal. Part	X Other Liabilities. Complete if the organization answered "Yes"		11e or 11f. See Form 990, Part X, line	
(8) (9) otal. Part	Complete if the organization answered "Yes" (a) Description of liability		11e or 11f. See Form 990, Part X, line	
(8) (9) otal. Part	Complete if the organization answered "Yes" (a) Description of liability		11e or 11f. See Form 990, Part X, line	
(8) (9) otal. Part	Complete if the organization answered "Yes" (a) Description of liability		11e or 11f. See Form 990, Part X, line	
(8) (9) otal. Part (1) (2) (3) (4) (5)	Complete if the organization answered "Yes" (a) Description of liability		11e or 11f. See Form 990, Part X, line	
(8) (9) fotal. Part (1) (2) (3) (4)	Complete if the organization answered "Yes" (a) Description of liability		11e or 11f. See Form 990, Part X, line	

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 ... X

Schedule D (Form 990) 2022

(9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

che	edule D (Form 990) 2022 THE KELLIN FOUNDATION		46-3	3497352 Page	, 4
Paı	rt XI Reconciliation of Revenue per Audited Financial State	ements With Revenu	ie per Return.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total revenue, gains, and other support per audited financial statements		1	1,656,622	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d		2e	0	L.
3	Subtract line 2e from line 1		3	1,656,622	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b		4c	0	<u>.</u>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	1,656,622	
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ements With Expen	ses per Returr	١.	

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1,250,923. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a **b** Prior year adjustments 2b 2c Other (Describe in Part XIII.) Add lines 2a through 2d 1,250,923 Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIII.) c Add lines 4a and 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE FOUNDATION UTILIZES THE ACCOUNTING REQUIREMENTS ASSOCIATED WITH UNCERTAINTY IN INCOME TAXES USING THE PROVISIONS OF FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ASC 740, INCOME TAXES, USING THAT GUIDANCE, TAX POSITIONS INITIALLY NEED TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS WHEN IT IS MORE-LIKELY-THAN-NOT THE POSITIONS WILL BE SUSTAINED UPON EXAMINATION BY THE TAX AUTHORITIES. IT ALSO PROVIDES GUIDANCE FOR DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE AND TRANSITION. AS OF DECEMBER 31, 2022 AND 2021, THE FOUNDATION HAS NO UNCERTAIN TAX PROVISIONS THAT QUALIFY FOR RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

Schedule D (Form 990) 2022

Schedule D	(Form 990) 2022	THE	KELLIN	FOUNDATION	46-3497352	Page 5
Part XIII	(Form 990) 2022 Supplemental Info	rmation	(continued)			
			(continued)			
-						

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

2022

Open to Public Inspection

Employer identification number Name of the organization THE KELLIN FOUNDATION 46-3497352 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations e l Solicitation of non-government grants Internet and email solicitations b Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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Schedule G (Form 990) 2022

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

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

		of fundraising event contributions and gro	oss income on Form 990	-EZ, lines 1 and 6b. List e	vents with gross receipt	ts greater than \$5,000.
			(a) Event #1 JOURNEY TO	(b) Event #2	(c) Other events NONE	(d) Total events
				SHEA'S CHASE	_,,	(add col. (a) through
Ф			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	36,835.	67,844.		104,679.
	2	Less: Contributions	26,413.	52,719.		79,132.
	3	Gross income (line 1 minus line 2)	10,422.	15,125.		25,547.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct E	7	Food and beverages				
_	8	Entertainment				
	9	Other direct expenses	10,422.	11,124.		21,546.
	10					21,546.
Pa	11	Net income summary. Subtract line 10 from li				4,001.
F	וונו	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line oa.		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Вè		Cross revenue				
	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct I	4	Rent/facility costs				
	5	Other direct expenses				
		·	Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
		Net coming in come assessment. Cultivat line 7	/ fueros lices 4 estruccio (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (a)			
9	Ent	ter the state(s) in which the organization condu	ucts gaming activities:			
		the organization licensed to conduct gaming a				Yes No
		No," explain:				
		ere any of the organization's gaming licenses re	· · · · · · · · · · · · · · · · · · ·			Yes No
b) If "`	Yes," explain:				

Schedule G (Form 990) 2022

232082 10-27-22

Sch	edule G (Form 990) 2022 THE KELLIN FOUNDATION 46-	3497	352	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	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?		Yes	No
	Indicate the percentage of gaming activity conducted in:	140-	ı	07
	The organization's facility An outside facility	13a 13b		<u>%</u> %
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	100		
•	Enter the harmound and address of the person who propares the organization organization of garming 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 \$ and the amount			
	of gaming revenue retained by the third party \$			
c	If "Yes," enter name and address of the third party:			
	Name			
	Address			
	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			
По	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 P 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	art III, Iin	es 9, 9	9b, 10b,
	13b, 13c, 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) Supplemental Infor	mation	(continued)			

SCHEDULE 0 (Form 990)

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

Department of the Treasury 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.

232211 10-28-22

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 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 EMPLOYEE. 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 B - AMENDED RETURN

THE 2022 FORM 990 HAS BEEN AMENDED TO CORRECT QUESTIONS THAT HAD BEEN INCORRECTLY ANSWERED. THE FOLLOWING QUESTIONS HAD BEEN MARKED "NO",
WHEN THE CORRECT ANSWER WAS "YES". PART IV, LINE 12A, PART VI, LINES

12A, 12B, 12C, 13, 14, 15A AND 15B., WERE CORRECTED TO "YES".

THERE HAS BEEN A RECLASSIFICATION OF \$ 11,124 IN ADVERTISING AND

PROMOTION EXPENSES ON PART IX, LINE 12, TO BE NETTED WITH FUNDRAISING

INCOME ON PART VII, LINE 8B .

THE AMENDED RETURN ALSO SHOWS \$ 246 OF INTEREST INCOME ON PART 1, LINE

10, THAT WAS NOT INCLUDED ON THE ORIGINAL RETURN. THUS TOTAL REVENUE

LESS EXPENSES ON PART I, LINE 19 HAS CHANGED BY \$ 246.

FORM 990, PART IX, LINE 11G, OTHER FEES:

PROFESSIONAL CONTRACT FEES:

PROGRAM SERVICE EXPENSES 98,587.

MANAGEMENT AND GENERAL EXPENSES 50,040.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 148,627.

232212 10-28-22

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2 **Employer identification number** Name of the organization 46-3497352 THE KELLIN FOUNDATION OTHER PURCHASED SERVICES: 7,006. PROGRAM SERVICE EXPENSES 8,086. MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES 0. 15,092. TOTAL EXPENSES TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 163,719.