Form 990

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047 2023

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A	For th	ne 2023 calen	dar year, or tax year beginning	, 2023, and endin	g		, 2	.0	
В	Check i	f applicable:	C			D Employ	er identific	ation number	
	Ad	ldress change	Kellermann Foundation			34-	20180	44	
	Na	ime change	PO Box 832809			E Telepho	ne number	1	
	Ini	tial return	Richardson, TX 75083	*		972	-685-	0279	
	Fin	al return/terminated							
	An	nended return				G Gross r	eceipts \$	2,169,	833.
	Ap	plication pending	F Name and address of principal officer: Laura Corley		H(a) is this				X No
			Same As C Above		H(b) Are all If "No,"	subordinates	included?	Yes	No
T	Tax-	exempt status:		7(a)(1) or 527	If "No,"	attach a list	. See instri	uctions.	
J			llermannfoundation.org	. (-)(-)	H(c) Groun	exemption n	ımher		
K	_	of organization:	X Corporation Trust Association Other	L Year of formati				al domicile: CA	
-	art I	Summar		E rear or formati	200	1 1111	IEIC OF TOG	ar dorniene. CII	
			be the organization's mission or most significant activit	ies:To provide	e reso	irces	for h	ealth	
_	1		n, spiritual outreach, and ecomoni						
a D C			gmies and adjacent communities in						
F									
Ş	2	Check this bo	if the organization discontinued its operations	or disposed of mo	ore than 2	5% of its	net asse		
Ö	3		ting members of the governing body (Part VI, line 1a).				3		11
S	4		dependent voting members of the governing body (Par				4		11
ii:	5		of individuals employed in calendar year 2023 (Part V				5		4
Activities & Governance	6		of volunteers (estimate if necessary)				6		75
A			ed business revenue from Part VIII, column (C), line 12 business taxable income from Form 990-T, Part I, line				7a 7b		0.
	D	Net unretated	business taxable income nom Point 990-1, Part I, line	; I I		rior Year	70	Current Ye	0.
	8	Contributions	and grants (Part VIII, line 1h)				66	2,112,	
P			ice revenue (Part VIII, line 2g)			,158,9 1,3			920.
Revenue		-	come (Part VIII, column (A), lines 3, 4, and 7d)				05.		585.
Be			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 1				03.		303.
			- add lines 8 through 11 (must equal Part VIII, colum			,161,1	80.	2,169,	833.
-			milar amounts paid (Part IX, column (A), lines 1-3)			963,0		1,240,	
	1		to or for members (Part IX, column (A), line 4)						
		•	er compensation, employee benefits (Part IX, column (141,8	0.5	150.	830.
Ses.	16a		fundraising fees (Part IX, column (A), line 11e)			00.			
Expenses	,		ing expenses (Part IX, column (D), line 25)	85,517.					- 1
X	17		The state of the s			20.0	0.5	1.40	050
	1		es (Part IX, column (A), lines 11a-11d, 11f-24e)			82,2			958.
			es. Add lines 13-17 (must equal Part IX, column (A), lin			,187,1	_	1,534,	
_		Revenue less	expenses. Subtract line 18 from line 12		+	-25,9			223.
9 04	00	Total assats (Ded V line 10			g of Curren		End of Ye	
Net Assets Fund Balanc	20 21		Part X, line 16)s (Part X, line 26)			564,7	86.	1,193,	550.
Ata	21							1 100	
			fund balances. Subtract line 21 from line 20		·	558,1	33.	1,193,	356.
	ırt II	Signatur							
Und	er penalt plete. De	ties of perjury, I de eclaration of prepa	clare that I have examined this return, including accompanying schedule rer (other than officer) is based on all information of which preparer has a	s and statements, and to any knowledge.	the best of n	ny knowledge	and belief	, it is true, correct	, and
		0.	0 1 H					t -	
C:		Signature of	officer		Date	5-1-	2027		
Sig He	gn								
пе	re		Doggett name and title		hair				-
			reparer's name Preparer's signature	Date		Chaol	if P1	IN	
_		21		3/00	12024	Check	J.,		
Pa			I. Rosen, CPA	3/24	1 2024	self-employ	ea P	01071321	
	epare e On	la e				Final Cit	07.	1.001705	
US	e on	Firm's addre			-	Firm's EIN		L661785	
. .		DO 1'	Dallas, TX 75287			Phone no.	972-8	18-1400	1
Ma	y the li	ks discuss th	is return with the preparer shown above? See instructi	ons				X Yes	No

Part	III	Statement of Program Service	ce Accomplishments		
			oonse or note to any line in this Part III		
1	-	describe the organization's mission			
				al_outreach, and_ecomonic	
			<u>t of the Batwa pygmies an</u>	d_adjacent_communities_in	
	sou	thwest_Uganda			
	D: 1 II-			one and the bank on the market	
			program services during the year which we	·	
		990 or 990-E2?s," describe these new services on Sche	dula O	Yes X	No
			aule O. make significant changes in how it cond	unto anu nuorumana anu isaa?	NI -
		e organization cease conducting, or is," describe these changes on Schedule	-	ucts, any program services? Yes X	No
		,		lawarak nyanyana anyiran na manasiyad bu ayas	
	Section	on 501(c)(3) and 501(c)(4) organization	ons are required to report the amount of	largest program services, as measured by experigrants and allocations to others, the total experi	nses. Ises.
	and re	evenue, if any, for each program serv	rice reported.	3 · · · · · · · · · · · · · · · · · · ·	,
4a	(Code	:) (Expenses \$1,	354,070. including grants of \$	1,240,822.)(Revenue \$ 51,9	20.)
	Dis	tributed resources resu	lting in the following ac	complishments in 2023: provided	d
	edu	cational support to 1,4	21 students from nursery	to university; constructed a	
	sch	ool expansion and 15 hor	mes; facilitated agricult	ural projects in all settlement	ts;
	expa	anded spiritual care ou	treach to all settlements	; provided adult literacy class	ses;
	func	ded land purchases for 1	nome, healthcare, and sch	ool construction; funded health	<u>h</u>
	insı	urance for all Batwa; h	osted an NIH-funded EpiCe	nter for Emerging Infectious	
	Dis	ease Intelligence; expa	nded doorstep delivery of	healthcare for the most	
	<u>dis</u>	advantaged patients; and	d provided high-quality,	low-cost healthcare including	
	mate	ernal health, pediatric	s, surgeries, dental, vis	ion, HIV, malaria, and	
	Tube	erculosis.			
				OPI	
4b	(Code	:) (Expenses \$	including grants of \$) (Revenue \$)
			16.0		
			~110X:		
4 c	(Code	:) (Expenses \$	including grants of \$) (Revenue \$)
		_			
		_			
		_			
4d	Other	program services (Describe on Sche			
	(Expe	nses \$ ir	cluding grants of \$) (Revenue \$	
4e	Total	program service expenses	1.354.070.		

Form 990 (2023) Kellermann 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Χ	
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		Х
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? <i>If "Yes," complete Schedule C, Part II.</i>	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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>	8		Х
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	Х	
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		Х
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	Х	
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
С	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Χ
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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	Х	
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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Χ
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form 990 (2023) Kellermann Foundation Part IV Checklist of Required Schedules (continued)

			Yes	No	í
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		Х	_
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? <i>If "Yes," complete Schedule J.</i>	23		Х	
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		Х	_
b	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 any tax-exempt bonds?	24c			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d			_
25a	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	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Х	
	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? <i>If "Yes," complete Schedule L, Part II</i>	26		Х	_
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		Х	
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		Х	_
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L. Part IV	28b		Х	
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		Х	_
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30		Х	_
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.	32		Х	_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		Х	_
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		Х	
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		Х	
	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	Х		_
Par	t V Statements Regarding Other IRS Filings and Tax Compliance				1
	Check if Schedule O contains a response or note to any line in this Part V				L
1-	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No	,
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable				
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming				
	(gambling) winnings to prize winners?	1c	X		_
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Form 990 (2023) Kellermann Foundation Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-			
	ments, filed for the calendar year ending with or within the year covered by this return 2a 4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule 0.</i>	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			37
	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			
F-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	Fa		X
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		Λ
	· · · · · · · · · · · · · · · · · · ·	JC		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			3.7
	services provided to the payor?	7a		Х
	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 to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
8	Form 1098-C?	711		
	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	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			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	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		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	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.			
	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
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х
16	If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
10	If "Yes," complete Form 4720, Schedule O.	.5		- 23
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		
BAA	·	Form	990	(2023)

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 No Yes 1a Enter the number of voting members of the governing body at the end of the tax year.... 11 If there are material differences in voting rights among members See Sch. 0 of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent... 11 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 5 Χ Did the organization have members or stockholders?..... 6 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?..... 7a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7h Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... X 8a X **b** Each committee with authority to act on behalf of the governing body?..... 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........... 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10a Did the organization have local chapters, branches, or affiliates?. Χ 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 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?..... Χ **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. See Schedule 0 Χ 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 12b Χ to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done ... See .Schedule .0 Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ Χ 14 Did the organization have a written document retention and destruction policy?..... 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? X a The organization's CEO, Executive Director, or top management official.. See . Schedule.. O...... 15a **b** Other officers or key employees of the organization..... 15b X 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 List the states with which a copy of this Form 990 is required to be filed AR CA CT IL KY MN NY OR RI TN UT WV 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 Own website Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records. Laura Corley 1149 Rockingham Dr Ste 115 Richardson TX 75080 972-685-0279

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 employees."
- 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) Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	unles er an	heck ss pe	ition more rson i	n obtained Highest compensated the strict employee	an	Reportable compensation from the organization (W-2/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations		
(1) Laura Corley	40							_1				
Executive Dir.	0			Χ				69,548.	0.	0.		
(2) Peter Huntress	1							OKI				
Director	0	X					_	0.	0.	0.		
(3) Jeff Gardner	11											
Director	0	X						0.	0.	0.		
(4) Jeed Gan	71											
Director	0	Х						0.	0.	0.		
(5) Cindy Waits	1_1_											
Director	0	Χ						0.	0.	0.		
(6) Charles Pinches	1											
Director	0	Χ						0.	0.	0.		
(7) Julia Lippert	1											
Director	0	X						0.	0.	0.		
(8) Lillian Butungi Niwagaba	11											
Director	0	X						0.	0.	0.		
(9) Andrew Nyberg	1											
Director	0	X						0.	0.	0.		
(10) John Macaulay	11							_	_	_		
Treasurer	0	X		Χ				0.	0.	0.		
(11) Ann Bradbury	1											
Secretary	0	X		Χ				0.	0.	0.		
(12) Carol Doggett	11	l								_		
Chairman	0	X		Χ				0.	0.	0.		
(13)		-										
<u>(14)</u>												

Form 990 (2023) Kellermann Foundation									34-201804	14	Pag	ge 8
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A) Name and title	(B) Average hours	verage hours verage hours		(D) (E) Reportable compensation from the organization related organization			(F) ated amo					
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W- <u>2</u> /1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	the o	rganizati d related anization	ion I
<u>(15)</u>		•										
(16)		-										
(17)												
(18)												
(19)		-										
(20)												
(21)												
(22)												
(23)								OPY				
(24)					•			Or				
(25)	10			1	J							
1b Subtotal								69,548.	0.			0.
c Total from continuation sheets to Part VII, Secti								0.	0.			0.
d Total (add lines 1b and 1c)								69,548.	0.		n	0.
from the organization 0		10100	abo	•0)	,,,,,	100011	ou	more than pree,ee	o or reportable com	porioatio		
3 Did the organization list any former officer, direct	tor truste	e ka	2V 61	mnl	ovee	orh	niah	nest compensated	employee		Yes	No
on line 1a? If "Yes, "complete Schedule J for suc	h individu	ıal								3		X
4 For any individual listed on line 1a, is the sum o the organization and related organizations greate such individual	er than \$1	50,0	00?	If "	Yes,	" com	ıple	ete Schedule J for	•	. 4		X
5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If "Ye	e comper s," compl	nsatio ete S	on fr Sche	om <i>dule</i>	any e <i>J fo</i>	unrela or suc	ate :h p	d organization or person	individual	5		X
1 Complete this table for your five highest comper compensation from the organization. Report comper	sated ind	epen	den	t cor	ntrac	ctors t	tha	t received more the	nan \$100,000 of	ır		
(A) Name and business add		tile c	aicii	uai .	ycai	Criairi	ig v	(B) Description			C) ensatio	n
2 Total number of independent contractors (including l \$100,000 of compensation from the organization		ited t	o the	ose I	listed	d abov	/e) \	who received more	than			
	-											

Form 990 (2023) Kellermann Foundation 34-2018044 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII..... (B) Related or (A) Total revenue (D) Unrelated Revenue business excluded from tax exempt under sections 512-514 function revenue revenue s, Grants, Amounts 1a Federated campaigns **b** Membership dues..... 1b c Fundraising events..... 1c Gifts, d Related organizations 1d e Government grants (contributions) 1e Contributions, All other contributions, gifts, grants, and similar amounts not included above . . . 1f 2,112,328. Noncash contributions included in 1,127 h Total. Add lines 1a-1f 2,112,328 **Business Code** Program Service Revenue 2a Fees for travel to Uganda 900099 50,260 50,260 561000 1,660 1,660 Guest house admin fees All other program service revenue. . . g Total. Add lines 2a-2f 51,920 Investment income (including dividends, interest, and <u>5,</u>585 5,585. Income from investment of tax-exempt bond proceeds Royalties..... (i) Real (ii) Personal 6a Gross rents 6a **b** Less: rental expenses 6b c Rental income or (loss) 6c d Net rental income or (loss) (i) Securities **7a** Gross amount from sales of assets other than inventory **b** Less: cost or other basis 7a 7b and sales expenses c Gain or (loss). 7с **d** Net gain or (loss)..... 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c). 8a **b** Less: direct expenses..... 8b **9a** Gross income from gaming activities. See Part IV, line 19. 9a **b** Less: direct expenses..... 9b c Net income or (loss) from gaming activities..... **10a** Gross sales of inventory, less..... returns and allowances. 0a 10b **b** Less: cost of goods sold.... c Net income or (loss) from sales of inventory..... **Business Code** Miscellaneous Revenue All other revenue...

2,169,833

920

0

,585

Total. Add lines 11a-11d.

12

Total revenue. See instructions.....

Form 990 (2023) Kellermann Foundation 34
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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21. 2 Grants and other assistance to domestic individuals. See Part IV, line 22. 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members. 5 Compensation of current officers, directors, trustees, and key employees. 6 Compensation not included above to disqualified persons (as defined under section 4958(n)(1)) and persons described in section 4958(n)(1) and persons described in section 4958(n)(1) and persons described in section 4958(n)(1) and persons described in section 4918(n)(1) and persons described in section 4958(n)(1) and 4958(
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, trustees, and key employees. Compensation not included above to disqualified persons (as defined under section 4958(c)(3)(B). Other salaries and wages. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions). Other employee benefits. Payroll taxes. 10 Payroll taxes. 10 Payroll taxes. 10 Payroll taxes. 11 Fees for services (nonemployees): a Management. b Legal. c Accounting. d Lobbying. e Professional fundraising services. See Part IV, line 17. f Investment management fees. g Other. (If line 11g amount exceeds 10% of line 25, column	
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, trustees, and key employees. Compensation not included above to disqualified persons (as defined under section 4958(c)(3)(B). Other salaries and wages. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions). Other employee benefits. Payroll taxes. Peres for services (nonemployees): a Management. b Legal. c Accounting. d Lobbying. e Professional fundraising services. See Part IV, line 17. f Investment management fees. g Other. (If line 11g amount exceeds 10% of line 25, column	
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members	
4 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions). 9 Other employee benefits 10 Payroll taxes 10 Payroll taxes 10 Payroll taxes 10,778 11 Fees for services (nonemployees): a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17. f Investment management fees 9 Other. (If line 11g amount exceeds 10% of line 25, column	
5 Compensation of current officers, directors, trustees, and key employees	
trustees, and key employees 69, 548. 13, 582. 24, 93 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). 0. 0. Other salaries and wages 70, 504. 34, 794. 21, 57 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions). Other employee benefits 10, 778. 3, 700. 3, 62 Fees for services (nonemployees): a Management b Legal c Accounting d Lobbying. e Professional fundraising services. See Part IV, line 17. f Investment management fees 9 Other. (If line 11g amount exceeds 10% of line 25, column 11, 0.71	
disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). 7 Other salaries and wages	1. 31,035.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes	0. 0.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes	
10 Payroll taxes 10,778 3,700 3,62 11 Fees for services (nonemployees): a Management 5 b Legal 5 c Accounting 6 d Lobbying 6 e Professional fundraising services. See Part IV, line 17. f Investment management fees 7 g Other. (If line 11g amount exceeds 10% of line 25, column	11,1001
11 Fees for services (nonemployees): a Management	
11 Fees for services (nonemployees): a Management	2. 3,456.
b Legal	
c Accounting	
c Accounting	
e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column	
f Investment management fees	
f Investment management fees	
(A) amount list line 11g expenses on Schedule (1) $11, 8/1$	1
(),	
14 Information technology	4. 1,403.
	0
	•
31,007. 32,002. 1,33	8. 367.
Payments of travel or entertainment expenses for any federal, state, or local public officials	
19 Conferences, conventions, and meetings 3, 928. 127. 1,40	1. 2,400.
20 Interest	
21 Payments to affiliates	
22 Depreciation, depletion, and amortization 8,969. 411. 52	·
23 Insurance	6.
Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)	
a Business expenses 6,659. 6,65	9.
<u> </u>	
C	
a	
e All other expenses	
25 Total functional expenses. Add lines 1 through 24e 1,534,610. 1,354,070. 95,02	3. 85,517.
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	

		Check if Schedule O contains a response or note to	any lir	ne in this Part X	<u></u>	<u></u>	
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			259,694.	1	226,861.
	2	Savings and temporary cash investments			129,807.	2	235,418.
	3	Pledges and grants receivable, net			154,205.	3	719,516.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these pe		5			
	6	Loans and other receivables from other disqualified p	ersons ('as defined under			
		section 4958(f)(1)), and persons described in section		6			
	7	Notes and loans receivable, net	. ,	` ´ ` `		7	
S	8	Inventories for sale or use				8	
Assets	9	Prepaid expenses and deferred charges		9			
As							
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	1,131.			
	h	Less: accumulated depreciation		1,131.		10c	
	11	Investments – publicly traded securities				11	
	12	Investments – other securities. See Part IV, line 11		-		12	
	13	Investments – program-related. See Part IV, line 11.		-		13	
	14	Intangible assets	20,309.	14	11,340.		
	15	Other assets. See Part IV, line 11		-	771.	15	771.
	16	Total assets. Add lines 1 through 15 (must equal line		F	564,786.	16	1,193,906.
	17	Accounts payable and accrued expenses			2,663.	17	
	18	Grants payable			2,003.	18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities		,	20		
es	21	Escrow or custodial account liability. Complete Part	IV of Sc	hedule D	3,990.	21	550.
Liabilities	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contrib controlled entity or family member of any of these pe	ttor or	35%	·	22	
Ï	23	Secured mortgages and notes payable to unrelated the				23	
	24	Unsecured notes and loans payable to unrelated third	•	<u></u>		24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	•			25	
	26	Total liabilities. Add lines 17 through 25		L	6,653.	26	550.
ces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	9	X	<i>.</i>		
ılar	27				220,927.	27	131,031.
ä	28	Net assets with donor restrictions			337,206.	28	1,062,325.
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	ck here				
ō	29	Capital stock or trust principal, or current funds			29		
ets	30	Paid-in or capital surplus, or land, building, or equipm	d		30		
SS	31	Retained earnings, endowment, accumulated income		_		31	
t A	32	Total net assets or fund balances			558,133.	32	1,193,356.
Se	33	Total liabilities and net assets/fund balances			564,786.	33	1,193,906.
RΔ	Δ		TEEA0111	L 08/23/23	,		Form 990 (2023)

Par	t 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	2,1	69,8	333.
2	Total expenses (must equal Part IX, column (A), line 25).	2	1,5	34,6	510.
3	Revenue less expenses. Subtract line 2 from line 1	3	6	35,2	223.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5	58,1	.33.
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,				
D	column (B))	10	1,1	93,3	356.
Par	T XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
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 review separate basis, consolidated basis, or both. Separate basis Both consolidated and separate basis	ed on a			
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separabasis, consolidated basis, or both.	ate			
	X Separate basis Consolidated basis Both consolidated and separate basis				
C	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 Schedule O.				
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х
	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
BAA	TEEA0112L 08/23/23		Form	990	(2023)

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Employer identification number

Kel	le	rmann Foundation					34-201804	4		
Par		Reason for Public Cha						ctions.		
The o	orga	nization is not a private found		·		-	•			
1		A church, convention of church	nes, or association of cl	hurches described in sect	tion 1 70 (b)(1)(A)((i).			
2		A school described in section	n 170(b)(1)(A)(ii). (Att	ach Schedule E (Form	990).)					
3		A hospital or a cooperative h	nospital service organ	ization described in sec	ction 170)(b)(1)(<i>A</i>	A)(iii).			
4		A medical research organiza	tion operated in conju	unction with a hospital of	describe	d in sec	ction 170(b)(1)(A)(iii). E	nter the hospital's		
		name, city, and state:								
5		An organization operated for section 170(b)(1)(A)(iv). (Co	the benefit of a colle emplete Part II.)	ege or university owned	or opera	ated by	a governmental unit de	escribed in		
6		A federal, state, or local gov	J							
7	X	An organization that normally in section 170(b)(1)(A)(vi).	receives a substantial p Complete Part II.)	part of its support from a	governm	ental un	it or from the general pul	olic described		
8		A community trust described	in section 170(b)(1)(A)(vi). (Complete Part I	l.)					
9		An agricultural research organi	zation described in sec	ction 170(b)(1)(A)(ix) oper	ated in c	onjunctio	on with a land-grant colle	ege		
		or university or a non-land-gra university:	nt college of agriculture	e (see instructions). Enter	the nam	ne, city,	and state of the college of	or — — — — — — — — —		
10	An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)									
11		An organization organized a	nd operated exclusive	ely to test for public safe	ety. See	section	1 509(a)(4).			
12	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) . See section 509(a)(3) . Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.									
а										
b										
С		Type III functionally integrated organization(s) (see instruction	. A supporting organizat	tion operated in connection	n with, an	nd function	onally integrated with, its	supported		
d		Type III non-functionally integ functionally integrated. The instructions). You must com	rated. A supporting org	janization operated in cor	nnection	with its	supported organization(s) it and an attentiveness) that is not requirement (see		
е		Check this box if the organiz integrated, or Type III non-fu	ation received a writt	en determination from t	the IRS	that it is	s a Type I, Type II, Type	e III functionally		
f	Er	nter the number of supported								
g	Pr	ovide the following informatio	n about the supported	d organization(s).						
	(i) Na	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organizat	s the ion listed overning nent?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
					Yes	No				
(A)										
(B)										
(C)										
(D)										
(E)					<u> </u>					
Total										

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

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

Sec	tion A. Public Support						
begi	ndar year (or fiscal year nning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,020,295.	958,999.	1,170,327.	1,158,966.	2,112,328.	6,420,915.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		,				0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	1,020,295.	958,999.	1,170,327.	1,158,966.	2,112,328.	6,420,915.
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)						1,730,493.
6	Public support. Subtract line 5 from line 4						4,690,422.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	1,020,295.	958,999.	1,170,327.	1,158,966.	2,112,328.	6,420,915.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,124.	525.	285.	905.	5,585.	8,424.
9	Net income from unrelated business activities, whether or not the business is regularly carried on		IBL	0			0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	P	,				0.
	Total support. Add lines 7 through 10						6,429,339.
12	Gross receipts from related activ	vities, etc. (see ins	structions)			12	80,502.
13	First 5 years. If the Form 990 is organization, check this box and	for the organization stop here	on's first, second,	third, fourth, or f	ifth tax year as a	section 501(c)(3)	
Sec	tion C. Computation of Pu	blic Support P	ercentage				
	Public support percentage for 20						72.95%
15	Public support percentage from	2022 Schedule A,	Part II, line 14			15	76.11 %
16a	33-1/3% support test—2023. If t and stop here. The organization						
b	33-1/3% support test—2022. If the and stop here. The organization	ne organization dic n qualifies as a pul	d not check a box blicly supported o	on line 13 or 16a	a, and line 15 is 3	3-1/3% or more, c	heck this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts	meets the facts-a	nd-circumstances	test, check this	box and stop here	e. Explain in Part \	VI how
b	10%-facts-and-circumstances te or more, and if the organization organization meets the facts-and	meets the facts-a	nd-circumstances	test, check this	box and stop here	e. Explain in Part \	VI how the
18	Private foundation. If the organi	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	structions

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.)

Sac	tion A. Public Support	osto notoa bolon,	p				
	• •	(a) 2019	(b) 2020	(c) 2021	(4) 2022	(a) 2022	(f) Total
	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) 2019	(b) 2020	(6) 2021	(d) 2022	(e) 2023	(f) Total
2	Gross receipts from admissions, merchandise sold or services performed, 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 business under section 513.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	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.						
С	Add lines 7a and 7b				7		_
8	Public support. (Subtract line 7c from line 6.)				OK,		
Sec	tion B. Total Support			CU			
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	pl	1Pr				
b	rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
-	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is organization, check this box and	stop here		, third, fourth, or f	ifth tax year as a s	section 501(c)(3)	<u></u>
	tion C. Computation of Pul			. 10		T T	
	Public support percentage for 20	•	• • •	• •	•		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	Public support percentage from 2					16	%
Sec	tion D. Computation of Inv						
17		· ·	• •	-	***		%
	Investment income percentage f					<u> </u>	%
	33-1/3% support tests—2023. If t is not more than 33-1/3%, check	this box and sto	p here. The organ	nization qualifies a	as a publicly suppo	orted organization	
	33-1/3% support tests—2022. If t line 18 is not more than 33-1/3% Private foundation. If the organization	, check this box	and stop here. Th	ne organization qu	ialifies as a public	ly supported organ	ization

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

			Yes	No
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.	1		
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).	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.	3a		
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.	3b		
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.	3c		
4 a	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.	4a		
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.	4b		
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.	4c		
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	5a		
b	accomplished (such as by amendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the			
c	organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
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? <i>If "Yes," provide detail in Part VI.</i>	6		
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).	7		
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).	8		
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.	9a		
t	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 .	9b		
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.	9с		
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)? If "Yes," answer line 10b below.	10a		
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.)	10b		

Pa	rt IV Supporting Organizations (continued)			
11	Lies the examination eccented a gift as contribution from any of the following persons?	_	Yes	No
	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below,			
		а		
ŀ	A family member of a person described on line 11a above?	b		
(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 .	С		
	ction B. Type I Supporting Organizations			
		Т	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.			
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	ction C. Type II Supporting Organizations			
		\Box	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees			
	of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
Sec	ction D. All Type III Supporting Organizations			
	7. 1. 0 0		Yes	No
1	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?			
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).			
	the organization maintained a close and continuous working relationship with the supported organization(s).	:		
3				
	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 supported organizations played			
	in this regard.	1		
	ction E. Type III Functionally Integrated Supporting Organizations			
1	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.			
	b 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 ins	tru	ctions	5).
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
;	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the			
	supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was			
	responsive to those supported organizations, and how the organization determined that these activities constituted			
	substantially all of its activities.	2a		
١	b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these activities	2b		
	but for the organization of involvement.			
	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
;	a 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.	Ba		
ı	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	Bb		

Sch	edule A (Form 990) 2023 Kellermann Foundation		34-20	18044	Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	aniza	tions		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	t on N ns mu	lov. 20, 1970 (explain ir st complete Sections A	Part VI). Se through E.	е
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Curre (optio	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6			
_ 7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sec	tion B – Minimum Asset Amount		(A) Prior Year	(B) Curre (optio	
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):				
	Average monthly value of securities	1a			
	Average monthly cash balances	1b			
	Fair market value of other non-exempt-use assets	1c			
	d Total (add lines 1a, 1b, and 1c)	1d			
	Discount claimed for blockage or other factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount see instructions).	_A \			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sec	tion C — Distributable Amount			Curren	t Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	egrated	d Type III supporting or	ganization	

BAA Schedule A (Form 990) 2023

Pa	々	porting Organiza	t ions (continued))	
Sec	tion D — Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt purp	oses		1	
2	Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity	supported organizations	,	2	
3	Administrative expenses paid to accomplish exempt purposes of sup	ported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - provide d	letails 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 organization in Part VI). See instructions.	is responsive (provide	details	8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)

Line 8 amount divided by line 9 amount		10	
Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required — <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e		-1	
g Applied to underdistributions of prior years		Y	
h Applied to 2023 distributable amount		•	
i Carryover from 2018 not applied (see instructions)	~ (,0		
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7:			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

BAA Schedule A (Form 990) 2023

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PUBLIC COPY

Schedule B (Form 990)

PUBLIC DISCLOSURE COPY

Schedule of Contributors

0000

Employer identification number

2023

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Kellermann Foundation 34-2018044 Organization type (check one): Filers of: Section: X 501(c)(3) Form 990 or 990-EZ (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 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 Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. IBLI(Special Rules 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. 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 answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line

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

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2023)

Employer identification number

34-2018044 Kellermann Foundation

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>303,318.</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		\$ <u>70,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	C	\$ 934,516.	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
		\$	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.)

Employer identification number

Kellermann Foundation

34-2018044

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional s	pace is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A		
		- \$	
(a) No.	(b)	(c)	(q)
from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<u> </u>	-	
]\$	
(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	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
	<u></u>	- - -	
	<u> </u>	 \$ 	-
BAA	TEEA0703L 08/09/23	Schedule	B (Form 990) (2023)

Name of organization Employer identification number Kellermann Foundation 34-2018044

Part III	Exclusively religious, charitable, et or (10) that total more than \$1,000 the following line entry. For organizations or contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	for the year from any one contrib ompleting Part III, enter the total of exclus (Enter this information once. See instruct	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4 R	delationship of transferor to transferee
(a) No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4 R	Celationship of transferor to transferee

SCHEDULE D (Form 990)

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

| Employer identification number

Kellermann Foundation 34-2018044 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year..... Aggregate value of contributions to (during year). Aggregate value of grants from (during year)...... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds No are the organization's property, subject to the organization's exclusive legal control?.. Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring No impermissible private benefit?.... Yes Part II **Conservation Easements** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements..... 2a 2b **b** Total acreage restricted by conservation easements..... c Number of conservation easements on a certified historic structure included on line 2c d Number of conservation easements included on line 2c acquired after July 25, 2006, and not or a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No and enforcement of the conservation easements it holds?.... Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?.... In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1..... (ii) Assets included in Form 990, Part X..... If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. a Revenue included on Form 990, Part VIII, line 1..... **b** Assets included in Form 990, Part X.....

Part III Organizations Maintaining C	ollections o	T Art, HISTO	oricai Treasures, o	or Other Similar As	sets (cont	inuea)
3 Using the organization's acquisition, accession items (check all that apply).	, and other recor	ds, check any	of the following that ma	ake significant use of its	collection	
a Public exhibition	d	Loan or	exchange program			
b Scholarly research	е	Other				
c Preservation for future generations						
4 Provide a description of the organization's colle Part XIII.	·	,	3			
5 During the year, did the organization solicit to be sold to raise funds rather than to be n	naintained as p	ations of art, I art of the org	nistorical treasures, or anization's collection?	other similar assets	Yes	No
Escrow and Custodial Arran Complete if the organization Form 990, Part X, line 21.	answered "Y			•	n amount o	on
1a Is the organization an agent, trustee, custor on Form 990, Part X?				er assets not included	Yes	X No
b If "Yes," explain the arrangement in Part XIII a	nd complete the	following table	e .		A 100 0 1 100 t	
c Beginning balance					Amount	
d Additions during the year						
e Distributions during the year						
f Ending balance						0.
2a Did the organization include an amount on I					X Yes	□No
b If "Yes," explain the arrangement in Part XI	II. Check here	if the explana				X
Part V Endowment Funds	See P	art XIII				
Complete if the organization	answered "Y	es" on For	m 990, Part IV, li	ne 10.		
(a) Curr	ent year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four yea	ars back
1a Beginning of year balance						
b Contributions					<u> </u>	
c Net investment earnings, gains, and losses			COT			
d Grants or scholarships		- 11	, –			
e Other expenditures for facilities and programs	113					
f Administrative expenses					<u> </u>	
g End of year balance			4 () ()			
2 Provide the estimated percentage of the cur	rrent year end t	palance (line	1g, column (a)) held a	as:		
Board designated or quasi-endowment	0	_ 6				
b Permanent endowment	% -					
c Term endowment %	d agual 1009/					
The percentages on lines 2a, 2b, and 2c should	a equal 100%.					
3a Are there endowment funds not in the possessi organization by:	ion of the organia	zation that are	held and administered	for the	Yes	No
(i) Unrelated organizations?					3a(i)	110
(ii) Related organizations?					3a(ii)	-
b If "Yes" on line 3a(ii), are the related organ					3b	
4 Describe in Part XIII the intended uses of the		•				
Part VI Land, Buildings, and Equipm	nent					
Complete if the organization answere		n 990, Part IV,	, line 11a. See Form 99	0, Part X, line 10.		
Description of property	(a) Cost or o (investr		(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book v	/alue
1a Land					<u> </u>	
b Buildings						
c Leasehold improvements						
d Equipment			1,131.	1,131.		0.
e Other						
Total. Add lines 1a through 1e. (Column (d) must	equal Form 99	0, Part X, line	e 10c, column (B))		1 B /F **	0.
BAA				Schedu	ule D (Form 99	JU) 2023

Schedule D (Form 990) 2023

	Complete if the organization answered "Yes" of	n Form 990, Part IV, lin	N/A e 11b. See Form 990, Part X, line 12.	
	iption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
-	al derivatives			
	held equity interests			
3) Other				
A)				
B)				
C)				
D)				
E)				
(F)				
G)				
H)				
(l) 		_		
-	nn (b) must equal Form 990, Part X, line 12, column (B))		27. (2	
Part VIII	Investments — Program Related Complete if the organization answered "Yes" or	n Form 990 Part IV lin	N/A a 11c See Form 990 Part V line 13	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	end-of-vear market value
(1)	(-)	(0) = 00 10	(0)	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)			001	
Total. (Colum	nn (b) must equal Form 990, Part X, line 13, column (B))			
Part IX	Other Assets	N/.		
	Complete if the organization answered "Yes" o	n Form 990, Part IV, III escription	e 11d. See Form 990, Part X, line 15.	(b) Book value
(1)		O David		(S) Book Value
(2)	DU			
(3)				
(4)				
(5)				
(6)				
(7)				
(0)				
(8)				
(9)				
(9) (10)	lump (h) must aqual Form 990. Part Y. line 15	column (R))		
(9) (10) Fotal. <i>(Coll</i>	umn (b) must equal Form 990, Part X, line 15,	column (B))		
(9) (10) Fotal. <i>(Coll</i>	Other Liabilities			•
(9) (10) Fotal. (Cold Part X	Other Liabilities Complete if the organization answered "Yes" o			•
(9) (10) Fotal. (Column X) Part X	Other Liabilities Complete if the organization answered "Yes" o	n Form 990, Part IV, lin		ne 25.
(9) (10) Fotal. (Color Part X	Other Liabilities Complete if the organization answered "Yes" of (a) Description	n Form 990, Part IV, lin		ne 25.
(9) (10) Fotal. (Column Part X	Other Liabilities Complete if the organization answered "Yes" of (a) Description	n Form 990, Part IV, lin		ne 25.
(9) (10) Fotal. (Color Part X I. (1) Feders (2) (3) (4)	Other Liabilities Complete if the organization answered "Yes" of (a) Description	n Form 990, Part IV, lin		ne 25.
(9) (10) Fotal. (Color Part X I. (1) Feder: (2) (3) (4) (5)	Other Liabilities Complete if the organization answered "Yes" of (a) Description	n Form 990, Part IV, lin		ne 25.
(9) (10) Fotal. (Color Part X I. (1) Feder: (2) (3) (4) (5) (6)	Other Liabilities Complete if the organization answered "Yes" of (a) Description	n Form 990, Part IV, lin		ne 25.
(9) (10) Fotal. (Columnation of the columnation of	Other Liabilities Complete if the organization answered "Yes" of (a) Description	n Form 990, Part IV, lin		ne 25.
(9) (10) Fotal. (Column of the column of the	Other Liabilities Complete if the organization answered "Yes" of (a) Description	n Form 990, Part IV, lin		ne 25.
(9) (10) Fotal. (Color of the color of the c	Other Liabilities Complete if the organization answered "Yes" of (a) Description	n Form 990, Part IV, lin		ne 25.
(9) (10) Fotal. (Color of the color of the c	Other Liabilities Complete if the organization answered "Yes" of (a) Description	n Form 990, Part IV, lin		ne 25.
(9) (10) Fotal. (Color Part X	Other Liabilities Complete if the organization answered "Yes" of (a) Description	n Form 990, Part IV, lin	e 11e or 11f. See Form 990, Part X, lii	ne 25. (b) Book value

Pai	rt XI Reconciliation of Revenue per Audited Financial Statemen	its With F	Revenue per R	eturn	
	Complete if the organization answered "Yes" on Form 990,	Part IV, I	ine 12a.		
1	Total revenue, gains, and other support per audited financial statements			1	2,121,296.
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			
c	Recoveries of prior year grants	2c			
c	1 Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	2,121,296.
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.) See Part XIII	4b	48,537.		
c	Add lines 4a and 4b			4c	48,537.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).			5	2,169,833.
Da	rt XII Reconciliation of Expenses per Audited Financial Stateme	+- \A/:+h	Evenance nov	D - 1	
I ai				Retu	rn
I al	Complete if the organization answered "Yes" on Form 990,			Retu	rn
1		Part IV, I	ine 12a.	Retu	1,486,073.
_	Complete if the organization answered "Yes" on Form 990,	Part IV, I	ine 12a.		
1 2	Complete if the organization answered "Yes" on Form 990, Total expenses and losses per audited financial statements	Part IV, I	ine 12a.		
1 2 a	Complete if the organization answered "Yes" on Form 990, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	Part IV, I	ine 12a.		
1 2 a	Complete if the organization answered "Yes" on Form 990, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	Part IV, I	ine 12a.		
1 2 a	Complete if the organization answered "Yes" on Form 990, Total expenses and losses per audited financial statements. Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities.	2a 2b 2c	ine 12a.		
1 2 a b	Complete if the organization answered "Yes" on Form 990, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	ine 12a.		
1 2 a b	Complete if the organization answered "Yes" on Form 990, Total expenses and losses per audited financial statements. Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities. Prior year adjustments. Other losses. Other (Describe in Part XIII.)	2a	ine 12a.	1	
1 2 a b c c c c c c c c c c c c c c c c c c	Complete if the organization answered "Yes" on Form 990, Total expenses and losses per audited financial statements. Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities. Prior year adjustments. Other losses. J Other (Describe in Part XIII.) Add lines 2a through 2d. Subtract line 2e from line 1. Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a	ine 12a.	1 2e	1,486,073.
1 2 a b c c c c c c c c c c c c c c c c c c	Complete if the organization answered "Yes" on Form 990, Total expenses and losses per audited financial statements. Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities. Prior year adjustments. Other losses. Other (Describe in Part XIII.) Add lines 2a through 2d. Subtract line 2e from line 1. Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b.	2a	ine 12a.	1 2e 3	1,486,073.
1 2 a b c c c c c c c c c c c c c c c c c c	Complete if the organization answered "Yes" on Form 990, Total expenses and losses per audited financial statements. Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities. Prior year adjustments. Other losses. Other (Describe in Part XIII.) Add lines 2a through 2d. Subtract line 2e from line 1. Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b. Other (Describe in Part XIII.) See Part XIII	2a	ine 12a.	2e 3	1,486,073.
1 2 a b c c c c c c c c c c c c c c c c c c	Complete if the organization answered "Yes" on Form 990, Total expenses and losses per audited financial statements. Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities. Prior year adjustments. Other losses. I Other (Describe in Part XIII.) Add lines 2a through 2d. Subtract line 2e from line 1. Amounts included on Form 990, Part IX, line 25, but not on line 1: I Investment expenses not included on Form 990, Part VIII, line 7b. Other (Describe in Part XIII.) See Part XIII Add lines 4a and 4b.	2a 2b 2c 2d 4a 4b	ine 12a.	2e 3	1,486,073. 1,486,073. 48,537.
1 2 a b c c c c c c c c c c c c c c c c c c	Complete if the organization answered "Yes" on Form 990, Total expenses and losses per audited financial statements. Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities. Prior year adjustments. Other losses. Other (Describe in Part XIII.) Add lines 2a through 2d. Subtract line 2e from line 1. Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b. Other (Describe in Part XIII.) See Part XIII	2a 2b 2c 2d 4a 4b	ine 12a.	2e 3	1,486,073.

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 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part IV, Line 2b - Explanation Of Escrow Account Liability

The Organization processes payments for a guest house in Uganda to facilitate the flow of payments there by U.S.-based guests.

Part X - FASB ASC 740 Footnote

Management has concluded that any tax positions which would not meet the more-likely-than-not criterion of Financial Accounting Standards Board (FASB)

Accounting Standards Codification (ASC) Topic 740-10, Accounting for Income Taxes,

would be immaterial to the financial statements taken as a whole. Accordingly, the

BAA Schedule D (Form 990) 2023

Part XIII **Supplemental Information** (continued)

Part X - FASB ASC 740 Footnote (continued)

accompanying financial statements do not include any provision for uncertain tax positions, and no related interest or penalties have been recorded in the operating statement or accrued in the statement of financial position. Federal and state tax returns of the Organization are generally open to examination by the relevant taxing authorities for a period of three years from the date on which the returns are filed.

Schedule D, Part XI, Line 4b Other Revenue Included On Form 990 But Not Included In F/S

Cost of mission trip not netted with rev.....

Schedule D. Part XII. Line 4b Other Expenses Included On Form 990 But Not Included In F/S

PUBLIC COPY Total \$\frac{\\$}{5}} Cost of mission trip not netted with rev......

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

name of the organization				Employer iden	tification number	
Kellermann Foundation				34-2018	044	
	ion on Activiti	es Outside th	e United States. Complet			
1 For grantmakers. Does the the grantees' eligibility for	organization mai the grants or assi	intain records to stance, and the s	substantiate the amount of its selection criteria used to award	grants and other assist the grants or assistan	tance, ce?XYes No	
2 For grantmakers. Describe in United States. Part		zation's procedure	s for monitoring the use of its gra	ants and other assistance	e outside the	
3 Activities per Region. (The	following Part I,	line 3 table can b	e duplicated if additional space	e is needed.)Part V		
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	employees, agents, and independent contractors the region (by type) (such as, fundraising, program services, investments, grants to recipients		n (f) Total expenditures for and investments in the region	
				Health &		
(1) Sub-Saharan Africa			Grantmaking	development	1,240,822.	
				Health &		
(2) Sub-Saharan Africa			Mission trips	development	48,537.	
(3)						
(4)						
(5)			-01	Y		
(6)			1C COL			
(7)		.12	10			
(8)	F	UP				
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a Subtotal					1,289,359.	
b Total from continuation		1				

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

0

sheets to Part I..... c Totals (add lines 3a and 3b). .

Schedule F (Form 990) 2023

1,289,359.

34-2018044

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region Part V	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			Sub-Saharan						
			Afr	Dev.	768,778.	Wire Trans			
			Sub-Saharan						
			Afr	Medical	416,982.	Wire Trans			
			Sub-Saharan					Amazon	
			Afr	Nursing Ed	48,698.	Wire Trans	6,364.	Kindles	FMV
									-
						N.			
					OP				
					CU				
				. 10	, 0				
			01	1BL"	COP				
			- P						
			_						

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter.....

Schedule F (Form 990) 2023

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
_(6)							
_(7)				-1			
_(8)			BLIC C	OPY			
(9)			21 1C				
(10)		PU	Dr				
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18) BAA						Schedule F	(Form 990) 2023
						Ochicadic I	\. \. \. \. \. \. \. \. \. \. \. \. \. \

Pa	rt IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926).	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621).	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865).	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990).	Yes	X No

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BAA Schedule F (Form 990) 2023 TEEA3505L 11/01/23

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Part I, Line 2 - Grantmakers Explanation For Monitoring Use of Funds Outside US

The Organization conducts periodic field investigations and requires as much detailed financial reporting on the use of funds as the local grantees' resources enable them to provide. Funds requested by the grantees are not provided until sufficient accountability on the use of previous grants has been obtained.

Part I - Additional Supplemental Information

Part I, Line 1 - The region is severely under-developed. Accordingly, the Organization does not have a multitude of entities from which to select as award recipients, and potential grantees do not often possess the ability to formally apply for grant funds in a manner in which the Organization would demand of an entity based in the United States. This, combined with the fact that the Organization's founder significantly pioneered the development in this area, meet the eligibility and selection criteria of the Organization.

Part I, Line 3f - Method of Accounting

The Organization uses the accrual method to report the assistance.

Part II, Line 1 - Method of Accounting

The Organization uses the accrual method to report the assistance.

BAA TEEA3504L 11/01/23 Schedule F (Form 990) 2023

SCHEDULE O (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.

2023

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Go to www.irs.gov/Form990 for the latest information.

Kellermann Foundation 34-2018044

Form 990, Part VI, Line 1a - Explanation of Delegated Broad Authority to Committee

In accordance with the bylaws, the board of directors did, by a majority vote of directors, designate two (2) or more of its members (who may also be serving as officers of this corporation) to constitute an executive committee of the board and delegate to such committee any of the powers and authority of the board in the management of the business and affairs of the corporation, except with respect to certain critical matters requiring approval of the majority of board members, amending bylaws, filling vacancies on the board, determining compensation of directors, and similar.

Form 990, Part VI, Line 11b - Form 990 Review Process

Prior to filing, the entire Form 990 was provided to our executive director, board of directors, and ex-officio board members via email for review. It was then approved by a majority vote of directors.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

Persons covered - Any director, principal officer, or member of a committee, or staff member with governing board delegated powers, who has a direct or indirect financial interest.

Monitoring proposed or ongoing transactions for conflicts - An interested person must disclose the existence of the financial interest and be given the opportunity to disclose all material facts to the directors and members of committees with governing board delegated powers considering the proposed transaction or arrangement. Each covered person must annually sign a statement which affirms that such person has received, has read, and understands the Policy and agrees to comply with it.

Name of the organization

Kellermann Foundation

Employer identification number
34-2018044

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts (continued)

Dealing with potential conflicts and the level at which determinations of whether a conflict exists are made - After disclosure of the financial interest and all material facts, and after any discussion with the interested person, he/she shall leave the governing board or committee meeting while the determination of a conflict of interest is discussed and voted upon. The remaining board or committee members shall decide if a conflict of interest exists.

Dealing with actual conflicts, the level at which actual conflicts are reviewed, and restrictions imposed on the interested person - An interested person may make a presentation at the governing board or committee meeting, but after the presentation, he/she shall leave the meeting during the discussion of, and the vote on, the transaction or arrangement involving possible conflict of interest. The chairperson of the governing board or committee shall, if appropriate, appoint a disinterested person or committee to investigate alternatives to the proposed transaction or arrangement. After exercising due diligence, the governing board or committee shall determine whether the Organization can obtain with reasonable efforts a more advantageous transaction or arrangement from a person or entity that would not give rise to a conflict of interest. If a more advantageous transaction or arrangement is not reasonably possible under circumstances not producing a conflict of interest, the governing board or committee shall determine by a majority vote of the disinterested directors whether the transaction or arrangement is in the Organization's best interest, for its own benefit, and whether it is fair and reasonable. In conformity with the above determination, it shall make its own decision as to whether to enter into the transaction.

Name of the organization

Kellermann Foundation

Supplementation

Kellermann Foundation

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

In November 2021, the Executive Compensation Committee reviewed data from the National Council of Non-Profits, the Foundation Group, The Council on Foundations, Economic Research Institute, and Guidestar to determine the methodology and process for setting fair executive compensation for calendar year 2022. From there, the Committee reviewed data from all Texas non-profits and foundations based on data received from "Open990." This data was filtered for comparably-sized organizations and analyzed, and the committee submitted its resulting recommendation to the board which ultimately approved it. In February 2023, the board approved a raise to an amount consistent with the comparability data originally viewed.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

These documents are available upon request.

