DLN: 93493164014040

OMB No 1545-0047 2019

Open to Public Inspection

Department of the Treasury Internal Revenue

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

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

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

	ar the 2010 e	landar was as tax was hasing in 01 01 2010 and anding 12 21 2010			
		alendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019 C Name of organization	D Employe	r idoptific	ation number
_	eck if applicable Idress change	Kellermann Foundation			ation number
	ame change		34-2018	044	
	ıtıal return	Doing business as			
☐ Fir	nal return/terminated				
	mended return	Number and street (or P O box if mail is not delivered to street address) Room/suite PO Box 832809	E Telephone	number	
□ Ap	oplication pending		(972) 68	5-0279	
		City or town, state or province, country, and ZIP or foreign postal code Richardson, TX 75083			
			G Gross rece	eipts \$ 1,0	47,766
		F Name and address of principal officer H(a) Is to	his a group reti	ırn for	
			ordinates?		□Yes 🗹 No
			all subordinate uded?	S	☐ Yes ☐No
T ā	ax-exempt status		No," attach a lis	st (see in	structions)
ı w	/ebsite: ► kell		up exemption r		•
€ For	m of organization	☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ L Year of for	mation 2004	M State of	legal domicile CA
• 101	in or organization	Corporation — must — Association — other P			
Р	art I Sum	mary	<u> </u>		
	1 Briefly des	cribe the organization's mission or most significant activities			
	1	resources for health, education, spiritual outreach, and ecomonic empowerment for t	ne benefit of the	e Batwa p	oygmies and
Activities & Governance	adjacent c	ommunities			
<u> </u>					
Ne l					
o _s		s box $lacktriangle$ If the organization discontinued its operations or disposed of more than 29		sets .	
- ಶ	3 Number	of voting members of the governing body (Part VI, line 1a)	•	3	10
ů,	4 Number	of independent voting members of the governing body (Part VI, line 1b)		4	10
È	5 Total nun	nber of individuals employed in calendar year 2019 (Part V, line 2a)		5	4
5	6 Total nun	nber of volunteers (estimate if necessary)		6	75
⋖	7a Total unr	elated business revenue from Part VIII, column (C), line 12		7a	0
	b Net unrel	ated business taxable income from Form 990-T, line 39		7b	
			Prior Year		Current Year
_	8 Contribut	ions and grants (Part VIII, line 1h)	1,279,16	51	1,020,295
ž	1	service revenue (Part VIII, line 2g)	69,1	_	26,347
Ravenue	1	nt income (Part VIII, column (A), lines 3, 4, and 7d)	1,07		1,124
ά	1	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,35		0
	1	enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,355,69		1,047,766
			903,93		
		id similar amounts paid (Part IX, column (A), lines 1–3)	903,9.	*/	729,176
	1	paid to or for members (Part IX, column (A), line 4)			0
8	1	other compensation, employee benefits (Part IX, column (A), lines 5–10)	139,1	53	148,736
en s	16a Professio	nal fundraising fees (Part IX, column (A), line 11e)			0
Expenses	b Total fundr	aising expenses (Part IX, column (D), line 25) ▶126,802			
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Form	990 (2019)					Page 2
Pa	rt III Stateme	ent of Program Service	Accomplisi	hments		
	Check If S	chedule O contains a respon	se or note to a	ny line in this Part III .		🗆
1	Briefly describe th	he organization's mission				
	ovide resources for nunities	r health, education, spiritual	outreach, and	ecomonic empowerment	t for the benefit of the Batwa pygm	nes and adjacent
2	Did the organizat	on undertake any significan	t program serv	vices during the year whice	ch were not listed on	
	the prior Form 99	90 or 990-EZ?				☐ Yes ☑ No
	If "Yes," describe	these new services on Sche	dule O			
3	Did the organizat	ion cease conducting, or ma	ke significant d	changes in how it conduct	ts, any program	
		these changes on Schedule				☐ Yes 🗹 No
4	Describe the orga Section 501(c)(3)	anızatıon's program service a	ccomplishmen	to report the amount of	rgest program services, as measui grants and allocations to others, th	
4a	(Code) (Expenses \$	771,284	including grants of \$	729,176) (Revenue \$	26,347)
	See Additional Data					
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4d	Other program se	ervices (Describe in Schedule	e O)			
	(Expenses \$		ding grants of) (Revenue \$)
4 e	Total program s	service expenses >	771.2	84		

Form	990 (2019)			Page 3
Pa	Checklist of Required Schedules			
_	7 11 1 1 1 1 7 7 7 7 7 7 7 7 7 7 7 7 7		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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
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		No
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		No
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		No
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? <i>If "Yes," complete Schedule D</i> , Part 📆	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
<u>, 9</u>	Nel the every number was about a flacture a function of the bush a was bush a was a waster according to "Vac "	۵		
<u>'R',</u>	· · · · · · · · · · · · · · · · · · ·			
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Form	990 (2019)			Page 4
Par	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
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		No
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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		No
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		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
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? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see 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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes,"</i>			No No
29	complete Schedule L, Part IV	28c		
		29		No
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		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pai	tV Statements Regarding Other IRS Filings and Tax Compliance			

Yes

Yes Form **990** (2019)

0

1c

1a

1b

No

Check if Schedule O contains a response or note to any line in this Part V $\,$.

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

Form	990 (2019)			Page 5
Pa	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
Ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	6a		No

solicit any contributions that were not tax deductible as charitable contributions?

b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

6b

	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI			✓
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 10			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 10			
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?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? •	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
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		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
Ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	2.)	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
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		
l1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
Ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
L2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
L3	Did the organization have a written whistleblower policy?	13	Yes	
.4	Did the organization have a written document retention and destruction policy?	14	Yes	
L5	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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
Ь	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
L6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines

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 instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the
- organization and any related organizations • List all of the organization's former officers, key employees, or 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 instructions for the order in which to list the persons above

Check this box if neither the organization no		ganızat	ion c	omp	ens	ated a	ny c	current officer, dire	ctor, or trustee	
(A) Name and title	(B) Average hours per week (list any hours for related	Average hours per week (list any hours for related hours per than one box, unless person is both an officer and a director/trustee) from the organization organization (W-2/1099-								(F) Estimated amount of other compensation from the organization and
	below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
(1) Diane Stanton	40 00			x				65,000	0	0
Executive Dir	0 00			,				03,000	o de la companya de	
(2) Peter Huntress Director	2 00	Х						0	0	0
(3) Brendan Kımbrough Director	2 00	×						0	0	0
(4) Cındy Waits	0 00 2 00									
Director	0 00	Х						0	0	0
(5) Stacy Lippert Secretary	4 00			×				0	0	0
(6) Robert McLendon Treasurer	4 00	Х		х				0	0	0
(7) Lillian Niwagaba	0 00 2 00 0 00	×						0	0	0
(8) Andrew Nyberg Director	2 00	Х						0	0	0
(9) Gayle Porter Vice Chair	4 00 0 00	Х		х				0	0	0
(10) Lana Valenta Chair	4 00	Х		х				0	0	0
(11) Dan Weston Director	2 00	Х						0	0	0
										Form 990 (2019)
										101111 330 (2013)

Form 990 (2019)										Page 8
Part VII Section A. Officers, Dire	ctors, Trustee:	s, Key E	mp	loye	es,	and H	High	est Compensate	d Employees (co	ntınued)
(A) Name and title	(B) Average hours per week (list any hours		ne b	ox, u ın off	t che inles: ficer	s pers and a	on	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individu or direc	Instituti	151	key emp	s vojatua tsaubiji	Former	(W-2/1099- MISC)	(W-2/1099- MISC)	organization and related organizations

	organizations below dotted line)	ndividual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated Employee	Former	MISC)	MISC)	related organizations
·								_	_	

					- 1				
t VII, Section	Α				<u>}</u>		65.000		
t	VII, Section	VII, Section A	VII, Section A	VII, Section A		VII, Section A ▶	VII, Section A ▶	VII, Section A ▶	

	1b Sub-Total												
Total number of individuals (including of reportable compensation from the compensation)	but not limited	to thos				e) who	rece	eived more than	\$100,00	00			
												Yes	No

1b 9	Sub-Total						>						
c 1	Total from continuation sheets to Part VII, Section A												
d 1	otal (add lines 1b and 1c)						>		65,000				
2	Total number of individuals (including of reportable compensation from the c			se lis	ted	abov	ve) w	no rec	eived more than	\$100,000			
												Yes	No
3	Did the organization list any former of line 1a? If "Yes." complete Schedule 1						,	,	-		٦ 🗍		

					ш_						
1b 9	Sub-Total				•	j	•				
c 1	otal from continuation sheets to Pa	art VII, Section A	١			j	- □				
d 7	otal (add lines 1b and 1c)					1	▶□	65,000			
2	Total number of individuals (including of reportable compensation from the			: liste	ed ab≪	ove) v	vho r	eceived more than	\$100,000		
										Yes	No
3	Did the organization list any former of line 1a? <i>If "Yes," complete Schedule 3</i>				•			-			No

С	iotal from continuation sneets to Part VII, Section A			
d.	Total (add lines 1b and 1c)			
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization \triangleright 0			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			

d 7	otal (add lines 1b and 1c)	65,000				
2	Total number of individuals (including but not limited to those listed above) who f reportable compensation from the organization \blacktriangleright 0	o received more than	\$100,000			
					Yes	No
3	Did the organization list any former officer, director or trustee, key employee, line 1a? <i>If "Yes," complete Schedule J for such individual</i>	•		3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and organization and related organizations greater than \$150,000? If "Yes," complementation is a second control of the compensation and related organizations greater than \$150,000? If "Yes," complementation is a second control of the compensation and organizations are second control of the compensation and organization and control of the compensation and control of the co	ete Schedule J for suc				

_			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes." complete Schedule J for such person	_		

of reportable compensation from the organization p			
		Yes	No
Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
ındıvıdual	4		No
Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No
	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	Yes Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

3	line 1a ² If "Yes," complete Schedule J for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual			
	munidal	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No
	action B. Vardanan deut Control tour			
	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of confirm the organization. Penort compensation for the calendar year ending with or within the organization for the calendar year ending with or within the organization for the calendar year.	mpensa	ation	

	Individual		4	No				
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or indix services rendered to the organization? If "Yes," complete Schedule J for such person		5	No				
Se	ection B. Independent Contractors							
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year							
	(A)	(B)		(C)				

	services rendered to the organization? If "Yes," complete Schedule J for such person						
S	ection B. Independent Contractors						
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year						
	(A) Name and business address	(B) Description of services	Co	(C) ompensation			

	ection B: Independent contractors							
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.							
	(A) Name and business address	(B) Description of services	(C) Compensation					

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2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0

orm 9 Part		(2019) Statement	of Revenue						Page 9
				a respo	onse or note to any	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1a	Federated campa	aians	1a			revenue		512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		• Membership dues	_	1b					
3rai nou		: Fundraising even		1c	7,449				
Contributions, Gifts, Grants and Other Similar Amounts		l Related organiza		1d	<u> </u>				
Gif ilar		Government grants		1e					
ns,	f	· All other contributio	ons, gifts, grants,						
otio er		and similar amounts above	s not included	1f	1,012,846				
들툍	ç	Noncash contributio	ons included in						
ont nd (١.		1 - 16	1 g					
S E		h Total. Add lines :	1a-1r	•	-	1,020,295			
	_	Face for turned to the			Business Code	24,976	24,976		
a.	2a	Fees for travel to Uga	inua		900099		2.,,,,		
Program Service Revenue	b	Guest house admin fe	ees		561000	1,371	1,371		
æ					_				
ž Š	C								
35	d								
an									+
Tog1	e								
٦	f	All other program	service revenue						
		Total. Add lines 2			26,347				
	3 I	investment income	(including divid	ends, ı	nterest, and other	1.13	1		1 124
		imilar amounts) . Income from invest	· · · ·		and proceeds		† D		1,124
					ond proceeds	` <u> </u>	0		
		,	(ı) Re		(II) Personal				
	62	Gross rents	6a			7			
		Less rental				\dashv			
	_	expenses	6Ь						
		Rental income or (loss)	6c						
	d	Net rental income	or (loss)						
			(ı) Secur	ities	(II) Other				
	7a	Gross amount from sales of	7a						
		assets other than inventory							
		Less cost or	7b						
		other basis and sales expenses							
	С	Gain or (loss)	7c						
	d	Net gain or (loss)			· · · •	<u> </u>			
au l		Gross income from fu (not including \$	indraising events 7,449 of						
n w		contributions reported	d on line 1c)						
ě		See Part IV, line 18		8a		_			
ar F		Less direct expen Net income or (los		8b	onts				
Other Revenue	٠	ivec income or (los	ss) Irom rumurais	sing ev	ents •	<u> </u>			
		Gross income from See Part IV, line 19							
				9a 9b		4			
		Less direct expen Net income or (los			les				
			, 5						
		Gross sales of inve returns and allowa							
		Less cost of good		10a 10b		\dashv			
		Net income or (los							
			us Revenue		Business Code				
	11:								
			_						
	b								
						1			
	С								
		All							
		All other revenue Total. Add lines 1			•				
		Total revenue. S							
		rotal reveilue, 5	ee mou ucuons	• •	• • • •	1,047,766	5 26,347		1,124 Form 990 (2019)

Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule 0 contains a response or note to any line in this Part IX	Form 990 (2	019)						Pa	ge 10	
Section Sol(c)(3) and Sol(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX	Part IX	Statement of Functional Expenses								
Do not include amounts consisted on lines 6h (c) (B)		Section 501(c)(3) and 501(c)(4) organizations must complete all column	ns All other	organization	s must co	mplete d	:olumn (A)		
Do not include amounts consisted on lines 6h (c) (B)		Check if Schedule O contains a response or note to any line in this Part I	ıx							
	Do.not incl		(B)	(C))		(D)		
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Forn	1 990	(2019)					Page 11
P	art X	Balance Sheet					
		Check if Schedule O contains a response or no	te to a	ny line in this Part IX			🗆
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			283,698	1	287,788
	2	Savings and temporary cash investments .			143,005	2	83,051
	3	Pledges and grants receivable, net			185,797	3	257,425
	4	Accounts receivable, net				4	0
	5 6	Loans and other payables to any current or for key employee, creator or founder, substantial of entity or family member of any of these person Loans and other receivables from other disqual	ontribi	utor, or 35% controlled		5	0
		section 4958(f)(1)), and persons described in s			6	0	
s	7	Notes and loans receivable, net				7	0
ssets	8	Inventories for sale or use				8	0
ASS	9	Prepaid expenses and deferred charges				9	18,820
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	1,131			
	ь	Less accumulated depreciation	10b	1,131		10c	0
	11	Investments—publicly traded securities .				11	0
	12	Investments—other securities See Part IV, line	11 .			12	0
	13	Investments—program-related See Part IV, line	e 11 .			13	0
	14	Intangible assets				14	0
	15	Other assets See Part IV, line 11		[24,231	15	771
	16	Total assets. Add lines 1 through 15 (must eq	jual line	e 34)	636,731	16	647,855

1,790

38,705

40.495

294,563

301,673

596,236

636,731

17

18

19

20

21

22 23

24 25

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29

30

31

32

33

2,776

550

3.326

97,945

546,584

644,529 647,855

Form **990** (2019)

Liabilities

17

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21

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23

24

26

27

28

31

32

33

Fund Balances

ō 29

Assets 30 Accounts payable and accrued expenses .

or family member of any of these persons . . .

and other liabilities not included on lines 17 - 24)

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow FASB ASC 958, check here ▶

Organizations that do not follow FASB ASC 958, check here

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Other liabilities (including federal income tax, payables to related third parties,

Grants payable .

Deferred revenue . .

Tax-exempt bond liabilities .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances .

Total liabilities and net assets/fund balances

Form	990 (2019)				Page 12
Pa	Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1	,047,766
2	Total expenses (must equal Part IX, column (A), line 25)	2			999,473
3	Revenue less expenses Subtract line 2 from line 1	3			48,293
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			596,236
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 in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			644,529
Pa	tXII 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				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If `Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	✓ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Audit Act and OMB Circular A-133?	ngle	3a		No

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

lo__

Form **990** (2019)

3b

Additional Data

Software ID: 19009920

Software Version: 2019v5.0

EIN: 34-2018044

Name: Kellermann Foundation

Form 990 (2019)

Form 990, Part III, Line 4a:

During 2019, the Kellermann Foundation contributed funding, volunteers, and logistical support to our partner programs in Uganda to help accomplish the following Batwa community programs, through the Batwa Development Program. The Batwa Development Program (BDP), formed to help the Batwa help themselves, continues to alleviate poverty, provide hope and health and promote sustainability. Supported more than 271 children in education at every level from nursery through secondary school with uniforms, shoes, mattresses and other supplies and provided school lunches for nearly 1,000 students Provided tuition, tutoring and transportation during breaks for 43 Batwa students at Bishops Primary School (boarding school)Conducted Career Day to guide students to a successful vocationProvided flood relief to Batwa families including food and seed to replant cropsConstructed 6 Batwa homes and introduced interlocking brick-making Built 3 sets of kitchens and pit latrinesBuilt 1 worship banda with water catchmentsRepaired and expanded 2 schoolsTrained Batwa in sustainable agriculture and animal husbandry, expanded gardens in settlements and schools, supplied families with chickens, ducks, pigs, goats and rabbitsSold hundreds of items made by Batwa women through the Batwa Women's Centre including uniforms, dresses, jewelry, baskets and bagsProvided spiritual care in settlements and schools in the form of One-Story Bible teams, reconciliation training, grief counseling and mentoringPurchased 3 parcels of landBwindi area healthcare, through Bwindi Community Hospital, their associated clinics and Uganda Nursing School Bwindi. The Kellermann Foundation makes high-quality, low-cost healthcare available to over 280,000 area residents through Bwindi Community Hospital (BCH) and advanced-level nursing education for 345 students at Uganda Nursing School Bwindi (UNSB) Constructed a 2,352 sq ft teaching theatre, surgical ward, and chapel that can hold 250 peopleDecreased number of dangerous home deliveries from 65% in 2000 to 5%Delivered over 1,800 babies with 97 3% resulting in live births, 95% of newborns completed recommended schedule of newborn checkupsCared for over 1,000 critically ill children with 98% recovery rate for malnutritionTreated 1,065 HIV-positive patients with 91% in viral load monitoring and achieved 100% success in the prevention of HIV mother-to-child transmissionProvided over 1,500 surgeries with less than 1% sepsis rateConducted daily community outreach programs with topics such as mental health, domestic violence, alcohol rehabilitation and health educationProvided dental and eye programs to an average of 80 patients daily Hosted surgical camps for skeletal, urinary and reproductive diseases Contributed 58% of national distinctions from UNSB graduates passing the rigorous national nursing exams, receiving licenses and finding employmentConstructed UNSB's Nursing Skills LabCollaborated with University of Scranton, University of Vermont, EPICS at

efil	e GR	APHIC pri	nt - DO NO	T PROCESS	As Filed Data -			DLN: 93	3493164014040
SCI (For	HED	ULE A		Public (Charity Statu	ion 501(c)(3)	organization o	ort	OMB No 1545-0047
9901	EZ)				4947(a)(1) nonexe ▶ Attach to Form				
•		f the Treasury	> (Go to <u>www.irs</u>	s.gov/Form990 for i			ormation.	Open to Public Inspection
Nam	e of tl	he organiza oundation	tion					Employer identific	ation number
		ourradion.						34-2018044	
	rt I				us (All organization : it is (For lines 1 thro			See instructions.	
1	n garriz		•		•	•		/A\/:\	
_		,		•	sociation of churches				
2	Ш				1)(A)(ii). (Attach Scl	,	, ,		
3			·	•	vice organization desc			•	
4		A medical r name, city,		nization operat	ed in conjunction with	a hospital descri	bed in section :	170(b)(1)(A)(iii). E	nter the hospital's
5			ation operated (iv). (Comple		t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	ped in section 170
6		A federal, s	tate, or local	government or	governmental unit de	scribed in sectio	on 170(b)(1)(<i>A</i>	()(v).	
7	✓	section 17	'0(b)(1)(A)(vi). (Complete	•			init or from the genera	al public described in
8		A communi	ty trust descr	ıbed ın sectior	170(b)(1)(A)(vi)	(Complete Part I	I)		
9		non-land g	rant college o	f agrıculture S	escribed in 170(b)(1) ee instructions Enter	the name, city, a	and state of the	college or university	
10		from activit	ies related to income and i	ıts éxempt fur ınrelated busın	(1) more than 331/39 actions—subject to cer ess taxable income (le amplete Part III)	tain exceptions,	and (2) no more	than 331/3% of its su	pport from gross
11		An organiza	ation organize	d and operated	d exclusively to test fo	r public safety S	ee section 509	(a)(4).	
12		more public	ly supported	organizations of	d exclusively for the be described in section 5 the type of supporting	i09(a)(1) or se	ction 509(a)(2). See section 509(a	e purposes of one or)(3). Check the box
a		Type I. A so	supporting org n(s) the powe	ganızatıon oper	ated, supervised, or cappoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by	
b		Type II. A manageme	supporting or nt of the supp	rganization sup porting organiza	ervised or controlled i ation vested in the sar				
С		Type III f	unctionally i		and C. supporting organizatio ions) You must com				ted with, its
d		Type III n	on-function integrated	ally integrate The organizatio	d. A supporting organ n generally must satis t IV, Sections A and	Ization operated fy a distribution	in connection wi requirement and	th its supported orgar	` '
e		Check this	<i>.</i> box if the org	anızatıon recei	ved a written determing integrated supporting	nation from the I		pe I, Type II, Type II	functionally
f	Enter			organizations	- 3				
g	Provi	ide the follow	ing information	on about the su	ipported organization(s)			
	1 (i)	Name of supp organization		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		anızatıon lısted ıng document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
Tota					nstructions for	Cat No 11285		 Schedule A (Form 9	

Gross income from interest, dividends, payments received on 179

securities loans, rents, royalties and income from similar sources

activities, whether or not the

or loss from the sale of capital assets (Explain in Part VI)

Total support. Add lines 7 through

12 Gross receipts from related activities, etc. (see instructions)

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 Schedule A, Part II, line 14

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))

and stop here. The organization qualifies as a publicly supported organization

box and stop here. The organization qualifies as a publicly supported organization

11

organization

instructions

supported organization

Net income from unrelated business 2,826 business is regularly carried on 10 Other income Do not include gain

27

183

2,292

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

16a 33 1/3% support test-2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

17a 10%-facts-and-circumstances test-2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

h 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

h 33 1/3% support test-2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

4,395

285

1,070 6,351

1,124

12

14

15

Schedule A (Form 990 or 990-EZ) 2019

2,841

15,864

4,717,851

128,044

78 480 %

78 730 %

▶ ☑

P		upport Schedule for						
		Complete only if you cl						der Part II. If
		ne organization fails to	qualify under t	ne tests listed i	pelow, please co	omplete Part II.)	
56	ection A. Pub	ndar year						T
		r beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1		contributions, and						
		ees received (Do not						
_		nusual grants ")						
2		from admissions, sold or services						
		facilities furnished in						
		at is related to the						
	organization's	tax-exempt purpose						
3		from activities that are						
		ed trade or business						
4	under section Tax revenues	F						
-		benefit and either paid						
		d on its behalf						
5		ervices or facilities						
		governmental unit to						
		on without charge						
6	Total. Add line	-						
/a		ded on lines 1, 2, and m disqualified persons						
b		ded on lines 2 and 3						
_		other than disqualified						
		exceed the greater of						
		of the amount on line						
_	13 for the yea Add lines 7a a							
8		rt. (Subtract line 7c						
0	from line 6)	it. (Subtract line / c						
Se	ection B. Tota	al Support				•		
		ıdar year	(-) 201E	(h) 2016	(=) 2017	(4) 2010	(-) 2010	(f) Tatal
		r beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts fron	n line 6						
L0a		from interest,						
		yments received on						
		ns, rents, royalties and similar sources						
b		siness taxable income						
_		511 taxes) from						
		equired after June 30,						
	1975							
_	Add lines 10a							
11		rom unrelated business						
		included in line 10b, ot the business is						
	regularly carr							
12		Do not include gain or						
		sale of capital assets						
	(Explain in Pa							+
13	11, and 12)	rt. (Add lines 9, 10c,						
14	First five yea	a rs. If the Form 990 is foi	r the organization	's fırst, second, th	nird, fourth, or fift	th tax year as a se	ction 501(c)(3)	organization,
•		and stop here		, ,	, ,	•	()()	▶ □
Se		nputation of Public S	Support Perce	ntage				
15		percentage for 2019 (lin			column (f))		15	
16	• •	: percentage from 2018 S		•	(//		16	
		nputation of Investr					1 -0	
17		come percentage for 201			line 13. column (f	f))	17	
		come percentage from 20	,		25, 201411111 (1	• / /		
18				·	on line 14	aa 1 E ja waana 41	18 22 1/20/ and l	na 17 ia
		ort tests—2019. If the						_
		/3%, check this box and s	-					▶□
b	33 1/3% sup	pport tests—2018. If the	e organization did	not check a box	on line 14 or line	19a, and line 16 is	more than 33 i	_
	not more than	n 33 1/3%, check this box	and stop here.	The organization (qualifies as a publ	licly supported org	anızatıon	▶□
20	Private found	dation. If the organization	n did not check a	box on line 14, 1	19a, or 19b, check	this box and see	instructions	ightharpoons

Schedule A (Form 990 or 990-EZ) 2019

6

7

8

10a

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V) Section A. All Supporting Organizations

			Yes	No
•	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			
	ın section 509(a)(1) or (2)	2		

	describe the designation If historic and continuing relationship, explain	1	Γ
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		
	ın section 509(a)(1) or (2)	2	
la	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		Γ
	below	3a	Γ
1.	Did the appropriate and the cook appropriate appropriate and propriate and appropriate and app		Т

		_	
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		
	ın 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 (b) and (c)		
	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		
ı	determination		

3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)	each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied tion 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the Il support to such organizations was used exclusively for section 170(c)(2)(B) purposes? controls the organization put in place to ensure such use ot organized in the United States ("foreign supported organization")? If "Yes" and if you		
	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			
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?			
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b in Part I, answer (b) and (c) below			

	the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the			
	determination	3b	1	
С	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	3с		
	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b in Part I, answer (b) and (c) below			
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections			

Did the organization have ultimate control and discretion in deciding whether to make grants to	Checked 12a or 12b in Part 1, answer (b) and (c) below	4a		
b	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			
	supervised by or in connection with its supported organizations	4b		
С	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 (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the			
	organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a	<u> </u>	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the		<u> </u>	
	organization's organizing document?	5b	1	

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

than (1) its supported organizations. (11) 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

Substitutions only. Was the substitution the result of an event beyond the organization's control?

organization's supported organizations? If "Yes," provide detail in Part VI.

complete Part I of Schedule L (Form 990 or 990-EZ)

the organization had excess business holdings)

organization had an interest? If "Yes," provide detail in Part VI.

provide detail in Part VI.

answer line 10b below

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

5c

6

7

8

9a

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

	dule A (Form 990 of 990-E2) 2019		۲	age :
Pai	t IV Supporting Organizations (continued)			
_			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	-		
•	organization operate for the benefit of any supported organization other than the supported organization(s) that bed, supervised, or controlled the supporting organization(s) that operated, supervised or controlled the supporting out the purposes of the supported organization(s) that operated, supervised or controlled the supporting			
	organization	2		
S	ection C. Type II Supporting Organizations		1	
	., 11 2 2		Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
•	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)			
	D	2		
	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
<u> </u>	ection E. Type III Functionally-Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions)		
	The organization satisfied the Activities Test Complete line 2 below	,		
	The organization is the parent of each of its supported organizations. Complete line 3 below			
	_		_L \	
(instru	ctions)	
	Activities Test Answer (a) and (b) below.		Yes	No
ā	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		
ŀ	Did the activities described in (a) 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 but for the organization's involvement	2 h		
}	Parent of Supported Organizations Answer (a) and (b) below.	2b		
	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? <i>Provide details in Part VI</i> .	3a		
ŀ	Did the organizations? Provide details in Part VI. 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	3h		

3b

Page **6**

Schedule A (Form 990 or 990-F7) 2019

1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		

3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
	Section C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 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	Enter greater of line 2 or line 3 Income tax imposed in prior year	4 5	
		<u> </u>	

instructions)

Total annual distributions. Add lines 1 through 6	
Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
Distributable amount for 2019 from Section C, line 6	

8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions			
9	9 Distributable amount for 2019 from Section C, line 6			
10	10 Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI)			

details in Part VI) See instructions			
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			

(see instructions)	Excess Distributions	Pre-2019	Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			

f Total of lines 3a through e		
g Applied to underdistributions of prior years		
h Applied to 2019 distributable amount		
 Carryover from 2014 not applied (see instructions) 		
j Remainder Subtract lines 3g, 3h, and 3i from 3f		
4 Distributions for 2019 from Section D, line 7		
<u> \$ </u>		
Applied to underdistributions of prior years		
b Applied to 2019 distributable amount		
c Remainder Subtract lines 4a and 4b from 4		

j Remainder Subtract lines 3g, 3h, and 3i from 3f		
4 Distributions for 2019 from Section D, line 7		
\$		
Applied to underdistributions of prior years		
b Applied to 2019 distributable amount		
c Remainder Subtract lines 4a and 4b from 4		
5 Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions		
6 Remaining underdistributions for 2019 Subtract		

c Remainder Subtract lines 4a and 4b from 4		
5 Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions		
6 Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions		
7 Excess distributions carryover to 2020. Add lines 3 ₁ and 4c		
8 Breakdown of line 7		

Schedule A (Form 990 or 990-EZ) (2019)

a Excess from 2015. **b** Excess from 2016. **c** Excess from 2017.

d Excess from 2018. e Excess from 2019.

Additional Data

Software ID: 19009920 **Software Version:** 2019v5.0

EIN: 34-2018044

Name: Kellermann Foundation

Schedule A (Form 990 or 990-EZ) 2019 Page 8 Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Part VI 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)

Facts And Circumstances Test

SCHEDULE D

DLN: 93493164014040

OMB No 1545-0047

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.

(Form 990)

•	nal Revenue Service	► Go to <u>www.irs.gov/Form</u>	1990 for instructions		rmation.		spection
Na	me of the organization	on			Employer ide		
Kell	lermann Foundation				34-2018044		
Pa	art I Organizatio	ons Maintaining Donor Advi	sed Funds or Othe	er Similar Funds			
	Complete If t	the organization answered "Ye	es" on Form 990, Pa	rt IV, line 6.			
		_	(a) Donor ac	dvised funds	(b) Funds	and other	accounts
•	Total number at end o	•					
2		ntributions to (during year)					
		ants from (during year)					
	Aggregate value at en	•			<u> </u>		
i		nform all donors and donor advisory, subject to the organization's ex		ssets held in donor a	dvised funds are t		Yes 🗌 No
j		nform all grantees, donors, and do nd not for the benefit of the donor				missible	Yes □ No
Pa		on Easements. The organization answered "Ye	es" on Form 990 Par	rt IV line 7			
_	•	ration easements held by the orga					
•		and for public use (e.g., recreation	· _	Preservation of ar	n historically impe	ortant land	area
	☐ Protection of nat	, , , , , , , , , , , , , , , , , , , ,		Preservation of a			urcu
				i Preservacion or a	certified flistofic s	, ii uctui e	
	☐ Preservation of o						
2	easement on the last	,	qualified conservation	contribution in the fo			of the Year
а	Total number of conse				2a		
b	Total acreage restricte	ed by conservation easements			2b		
С		on easements on a certified histori		` '	2c		
d	Number of conservation structure listed in the	on easements included in (c) acqu National Register	ired after 7/25/06, and	l not on a historic	2d		
1	Number of conservati tax year ▶	on easements modified, transferre	ed, released, extinguish	ned, or terminated by	the organization	during the	
ļ	Number of states whe	ere property subject to conservation	on easement is located	>			
;		n have a written policy regarding the conservation easements it hold:		inspection, handling	of violations,	☐ Yes	□ No
,	Staff and volunteer ho	ours devoted to monitoring, inspec	cting, handling of violal	tions, and enforcing c	onservation easei	ments durir	ng the year
,	Amount of expenses	ncurred in monitoring, inspecting,	handling of violations,	and enforcing consei	rvation easement	s during the	e year
3	Does each conservation and section 170(h)(4)	on easement reported on line 2(d))(B)(ii)?	above satisfy the requ	urements of section 1	.70(h)(4)(B)(ı)	☐ Yes	□ No
)		how the organization reports consciude, if applicable, the text of the				nd	
		ounting for conservation easemen		Transuras ar Oth	an Similar Ac		
(I		ons Maintaining Collections the organization answered "Ye			ier Similar As:		
.a	art, historical treasure	ected, as permitted under SFAS 11 es, or other similar assets held for the text of the footnote to its finar	public exhibition, educ	ation, or research in			
b	historical treasures, o	ected, as permitted under SFAS 11 r other similar assets held for pub					
	following amounts rel (i) Revenue included on	ating to these items Form 990, Part VIII, line 1			▶ \$		
	ii) Assets included in Fo	·					
2	If the organization red	ceived or held works of art, histori			ancial gain, provic	le the	
а	_	quired to be reported under SFAS Form 990, Part VIII, line 1	TTO (MGC 930) relating	to these iteins	▶ \$		
b					• • • • • • • • • • • • • • • • • • •		
_		- ,			· +		

Part	* * * *	Organizations Mai	intaining Collections	of Art, His	stori	cal Tı	reasu	res, or	r Other	Similar As	ssets (cont	inued)	
3		the organization's acqui	isition, accession, and oth	er records, c	heck a	any of	the fol	llowing t	hat are a	significant i	ise of its col	lection	
а		Public exhibition			d		Loan	or excha	ange prog	ırams			
b		Scholarly research			e		Other	-					
c		Preservation for future	generations										
4	Provid Part X		rganızatıon's collections ai	nd explain ho	w the	y furth	ner the	organız	zation's ex	xempt purpo	se in		
5			nization solicit or receive o Is rather than to be maint							nılar	☐ Yes	□ N -	0
Par	t IV		dial Arrangements. anızatıon answered "Ye	es" on Form	990,	, Part	IV, lıı	ne 9, oi	r reporte	ed an amou	ınt on Forn	າ 990,	Part
1a		organization an agent, ed on Form 990, Part X7	trustee, custodian or othe	r intermediai	ry for	contril	butions	s or othe	er assets	not	Yes	☑ N	o
ь	If "Ye	s." explain the arrangem	nent in Part XIII and comp	olete the follo	wina	table		[A	mount		_
c		ning balance			9				1c				_
d	-	ons during the year						l	1d				_
e		outions during the year						l	1e				_
f		g balance							1f				_
2a			an amount on Form 990, P									□ N	– о
			nent in Part XIII Check he	ere if the exp	lanatı	on has	been	provided	d in Part :	XIII	✓		
Par	t V	Endowment Funds		=	000	D	TV L	10					
		Complete if the orga	anization answered "Ye	ent year		rior yea			ears back	(d) Three year	ars back (e)	Four year	rs back
1a	3eginni	ng of year balance .	(4) can	cite year	(2)	1101 700	<u> </u>	(6) 1110)	caro back	(u) imee ye	aro back (c)	rour your	J Duck
	-	utions											
c i	Net inv	estment earnings, gains	s, and losses										
		or scholarships											
e	Other e	expenditures for facilities	5										
f /	Adminis	strative expenses											
g	End of	year balance											
2	Provid	le the estimated percent	tage of the current year e	nd balance (I	ıne 1d	ı. colu	mn (a)) held a	s				
а		designated or quasi-end	-	· · · · · · · · · · · · · · · · · · ·		,,		,,					
ь	Perma	anent endowment ►											
c		orarily restricted endowr	ment ▶										
		•	2b, and 2c should equal 1	00%									
3a	Are th	-	not in the possession of the		n that	are h	eld and	d admını	stered fo	r the		Yes	No
	(i) un	related organizations									3a(i)		
	(ii) re	elated organizations .									3a(ii)		
b			ited organizations listed as				?.				3b		
4	Descr		nded uses of the organizat	ion's endown	nent f	unds							
Par	t VI	Land, Buildings, a		all an -	000	De :-	T) /		Cas T	000 -		0	
	Descri	ption of property	anization answered "Ye (a) Cost or other basis (investment)	(b) Cost or						rm 990, Pa depreciation		O. ook value	e
1a	_and												
	-aria Building	<u> </u>											
		old improvements											
	-casem -aunm	· · ·		1			1 131			1 131			

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) .

Part VII Investments—Other Securities.		11h C F 000 F	Part V. June 12
Complete if the organization answered "Yes" on Form 990, P (a) Description of security or category (including name of security)	(b) Book value	(c) Method	d of valuation -year market value
(1) Financial derivatives			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)			
Part VIIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, P (a) Description of investment	art IV, lı	ne 11c. See Form 990, (b) Book value	Part X, line 13. (c) Method of valuation Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		•	
Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Pa	art IV, lin	ne 11d. See Form 990, Par	
(a) Description			(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)			•
Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Pa	art IV, lin	ne 11e or 11f.See Form	990, Part X, line 25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote	to the or	ganization's financial state	ments that reports the
organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check h		text of the footnote has be	_

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Net unrealized gains (losses) on investments 2a 2b b

4a

4b

2a 2b

2c

2d

4a

4b

Explanation

23.347

4c

2e

3

4c

5

23.347

Page 4

1,024,419

1,024,419

23,347

1,047,766

976,126

976,126

23,347

999.473

Schedule D (Form 990) 2019

2c c d 2d

2e e

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

3

3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1

Schedule D (Form 990) 2019

Part XI

1

2

c

d

3 4

b

5

Part XIII

See Additional Data Table

Return Reference

Investment expenses not included on Form 990, Part VIII, line 7b . b Add lines **4a** and **4b** c

5

Amounts included on line 1 but not on Form 990, Part IX, line 25

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 . .

Donated services and use of facilities . . .

Other (Describe in Part XIII)

Supplemental Information

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Part XII

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

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

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part

Add lines **4a** and **4b**

Page 5		chedule D (Form 990) 2019	Schedule D (F
	ormation (continued)	Part XIII Supplemental Info	Part XIII
	Explanation	Return Reference	Re

Schedule D (Form 990) 2019

Additional Data

Software ID: 19009920 Software Version: 2019v5.0

EIN: 34-2018044

Name: Kellermann Foundation

Supplemental Information

supplemental imormation	
Return Reference	Explanation
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 US-based guests Additionally, the Organization receives funds as an age int at times for the benefit of specific individuals, though the benefits fulfill the Organ ization's mission

Supple	upplemental Information						
	Return Reference	Explanation					
Part X	FIN48 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 Codifica tion (ASC) Topic 740-10, Accounting for Income Taxes, would be immaterial to the financial statements taken as a whole Accordingly, the accompanying financial statements do not in clude 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 positio n 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 ret urns are filed					

Supplemental Information	
Return Reference	Explanation
Part XI, Line 4b Other revenue amounts included on 990 but not included in F/S	Cost of mission trip not netted with rev \$23347

Supplemental Information	
Return Reference	Explanation
Part XII, Line 4b Other revenue amounts included on 990 but not included in F/S	Cost of mission trip not netted with rev \$23347

SCHEDULE F	State	ement of a	Activities (Outside the Un	ited S	tates	OMB No 154	5-0047
Form 990)	► Comp	 Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information. 				201	9	
Department of the Treasury	•					ı.	Open to Po Inspection	
lame of the organization						Employer iden	tification nun	ıber
Kellermann Foundation						34-2018044		
	nformation Part IV, line		Outside the U	Jnited States. Comple	ete if the	organization a	nswered "Yes	" on
1 For grantmakers	. Does the or	ganızatıon maı	ıntaın records to	substantiate the amoun	t of its gr	ants and		
•	•	•	ne grants or assi	stance, and the selection	criteria i	used		
to award the gran	ts or assistan	ce?					✓ Yes	☐ No
2 For grantmakers outside the United		Part V the org	anızatıon's proce	dures for monitoring the	use of it	s grants and oth	ner assistance	
3 Activites per Region	n (The followir	ng Part I, line 3	table can be dupli	cated if additional space is	s needed))		
4 3 5		(b) Number of	(c) Number of	(d) Activities conducted in	(e) If activ	rity listed in (d) is a	(f) Total expe	
(a) Region		offices in the region	employees, agents, and independent contractors in the region	region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	spe	service, describe cific type of (s) in the region	for and inves in the reg	
(a) Region See Add'l Data			and independent contractors in the	fundraising, program services, investments, grants	spe	cific type of	for and inves	
			and independent contractors in the	fundraising, program services, investments, grants to recipients located in the	spe	cific type of	for and inves	
			and independent contractors in the	fundraising, program services, investments, grants to recipients located in the	spe	cific type of	for and inves	
			and independent contractors in the	fundraising, program services, investments, grants to recipients located in the	spe	cific type of	for and inves	
			and independent contractors in the	fundraising, program services, investments, grants to recipients located in the	spe	cific type of	for and inves	
	ion sheets to		and independent contractors in the	fundraising, program services, investments, grants to recipients located in the	spe	cific type of	for and inves	

Schedule F (Form 990) 2	2019							Page 2
	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	(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	Development	209,679\	WireTransfer		1	
		Sub-Saharan Afr	Medical	318,257	WireTransfer	23,460	Medical supply	Replac Cost
		Sub-Saharan Afr	Nursing Ed	177,780\	WireTransfer			
<u> </u>			!				1	
	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter							
3 Enter total numb	er of other ord	ganizations or entiti	ies		<u> </u>	.		

					itional space is ne		
(h) Method of valuation (book, FMV, appraisal, other	(g) Description of noncash assistance	(f) Amount of noncash assistance	(e) Manner of cash disbursement	(d) Amount of cash grant	(c) Number of recipients	(b) Region	Type of grant or assistance
							-

Sche	dule F (Form 990) 2019		Page 4
Par	t 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 Instructions for Form 926)	Yes	☑ 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 Instructions for Forms 3520 and 3520-A, don't file with Form 990)	□Yes	☑ 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 Instructions for Form 5471)	Yes	☑ 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 Instructions for Form 8621)	Yes	☑ 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 Instructions for Form 8865)	☐ Yes	✓ 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 Instructions for Form 5713, don't file with Form 990)	Yes	☑ No

Schedule F (Form 990) 2019	chedule F (Form 990) 2019 Page !				
amounts of inv method); and	mation required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; stments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting int III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide formation. See instructions.				
Return Reference	Explanation				
Part I, Line 2 - Grantmakers Explanation For Monitoring U	The Organization conducts periodic field investigations and requires as much detailed financial reporting on				

990 Schedule F, Supplemental Information

Return Reference	Explanation
Part I, Line 3f - Method of Accounting	The Organization uses the accrual method to report the assistance

990 Schedule F, Supplemental Information

Return Reference	Explanation
Part II, Line 1 - Method of Accounting	The Organization uses the accrual method to report the assistance

Additional Data

Sub-Saharan Africa

Software ID: 19009920 **Software Version:** 2019v5.0 **EIN:** 34-2018044

Name: Kellermann Foundation

23,347

Form 990 Schedule F Part I - Activities Outside The United States

	This pro trained i fait I from the trained the trained							
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region			
Sub-Saharan Afrıca	0	0	Grantmaking	Health & development	729,176			

0 Travel to monitor / fundraise

efile GRAPH	IC print - DO NOT PROCESS As Filed Data -		DLN: 93493164014040
SCHEDUL (Form 990 or EZ)	990- Complete to provide information for responses to spe Form 990 or 990-EZ or to provide any addition Attach to Form 990 or 990-EZ.	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 990-EZ. Go to www.irs.gov/Form990 for the latest information.	
Name Stheroganization Kellermann Foundation			identification number 4
Return Reference	Explanation Explanation		
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 , designate two (2) or more of its members (who may also be serving as office rporation) to constitute an executive committee of the board and delegate to s e any of the powers and authority of the board in the management of the busing so the corporation, except with respect to certain critical matters requiring any of the majority of board members, amending bylaws, filling vacancies on the bining compensation of directors, and similar	ers of this co uch committe ness and affai pproval	

Return Reference	Explanation
Form 990, Part VI, Line 4 Description of Significant Changes to Organizational Documents	The bylaws were amended to redefine board member positions and terms, name three corporate officers, and add a vice chairperson

990 Schedule O, Supplemental Information Return Explanation

Process

	Reference
d by our executive director, board of dire with an opportunity for questions to be aske rectors	Part VI, Line 11b Form
vith an opportunity for questions to be aske	Part VI, Line

Return Reference	Explanation
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 memb er with governing board delegated powers, who has a direct or indirect financial interest Monitoring proposed or ongoing transactions for conflicts - An interested person must disc lose 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 annual ly sign a statement which affirms that such person has received, has read, and understands the Policy and agrees to comply with it 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 member is shall decided if a conflict of interest exists. Dealing with actual conflicts, the level a twhich 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 disinterest ed person or committee to investigate alternatives to the proposed transaction or arrangement entry that would not give rise to a conflict of interest. If a more advantageous transaction or arrangement is not reasonable possible under circums tances not producing a conflict of interest, the governing board or committee shall determ ine by a majority vote of the disinterested directors whether the transaction or arr

Return Reference	Explanation
Form 990, Part VI, Line 15a Compensation Review & Approval Process - CEO, Top Management	In December 2013, to determine the previous executive director's salary, the board reviewe d data from the following sources. Community Council of Greater Dallas. DFW 2013 Nonprofit Salary & Benefits Survey, Texas Association of Nonprofit Organizations. The Compensation Report 2012, The NonProfit Times Salary and Benefits Survey, Feb. 1, 2013, and GuideStar C ompensation Report 2013 (sample). The current executive director was asked about her salarly during her employment interview and proposed a substantially lower figure to assist the Organization. This proposal was accepted and approved by the board, and the corresponding wages were included in the budget as formally approved and documented by the board in early 2019.

Return Reference

Form 990, These documents are available upon request

Part VI, Line
19 Other
Organization
Documents
Publicly
Available