

#### WATERFRONT PROPERTY SERVICES

INTERVIEW SERVICES

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

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

Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.

For the calendar year 2023, or tax year beginning January 01, 2023, and ending December 31, 2023

Name of foundation <b>KELLEY FOUNDATION</b>		<b>A Employer identification number 84-3571853</b>			
Number and street (or P.O. box number if mail is not delivered to street address) <b>PO BOX 1507</b>		Room/suite			
City or town, state or province, country, and ZIP or foreign postal code <b>ARDMORE, OK 73402-1507</b>		<b>B Telephone number (see instructions) (580) 630-8310</b>			
<b>G</b> Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>C</b> If exemption application is pending, check here <input type="checkbox"/> <b>D</b> <b>1.</b> Foreign organizations, check here <input type="checkbox"/> <b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>			
<b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> <b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>			
<b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16) <b>\$ 317,283</b>		<b>J</b> Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____			
<b>Part I</b> <b>Analysis of Revenue and Expenses</b> (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	331,458			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	0	0	0	
	4 Dividends and interest from securities	0	0	0	
	5a Gross rents	0	0	0	
	b Net rental income or (loss) 0				
	6a Net gain or (loss) from sale of assets not on line 10	0			
	b Gross sales price for all assets on line 6a 0				
	7 Capital gain net income (from Part IV, line 2)		0		
	8 Net short-term capital gain			0	
	9 Income modifications			0	
	10a Gross sales less returns and allowances				
b Less: Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule)	26,478	26,478	0		
12 <b>Total.</b> Add lines 1 through 11	357,936	26,478			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	0	0	0	0
	14 Other employee salaries and wages	0	0	0	0
	15 Pension plans, employee benefits	0	0	0	0
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)				
	c Other professional fees (attach schedule)				
	17 Interest	0	0	0	0
	18 Taxes (attach schedule) (see instructions)	943	943	0	943
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy	0	0	0	0
	21 Travel, conferences, and meetings	0	0	0	0
	22 Printing and publications	0	0	0	0
	23 Other expenses (attach schedule)				
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23	943	943		943
	<b>25 Contributions, gifts, grants paid</b>	40,000			40,000
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	40,943	943		40,943	
<b>27</b> Subtract line 26 from line 12:	316,993				
<b>a Excess of revenue over expenses and disbursements</b>					
<b>b Net investment income</b> (if negative, enter -0-)		25,535			
<b>c Adjusted net income</b> (if negative, enter -0-)			0		

<b>Part II</b> <b>Balance Sheets</b> Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing	1,023	1,558	1,558
	<b>2</b> Savings and temporary cash investments	0	0	0
	<b>3</b> Accounts receivable			
	Less: allowance for doubtful accounts	0	0	0
	<b>4</b> Pledges receivable			
	Less: allowance for doubtful accounts	0	0	0
	<b>5</b> Grants receivable	0	0	0
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	<b>7</b> Other notes and loans receivable (attach schedule)			
	Less: allowance for doubtful accounts			
	<b>8</b> Inventories for sale or use	0	0	0
	<b>9</b> Prepaid expenses and deferred charges	0	0	0
	<b>10a</b> Investments—U.S. and state government obligations (attach schedule)			
	<b>b</b> Investments—corporate stock (attach schedule)	0	316,458	315,725
	<b>c</b> Investments—corporate bonds (attach schedule)			
<b>Liabilities</b>	<b>11</b> Investments—land, buildings, and equipment: basis			
	Less: accumulated depreciation (attach schedule)			
	<b>12</b> Investments—mortgage loans	0	0	0
	<b>13</b> Investments—other (attach schedule)			
	<b>14</b> Land, buildings, and equipment: basis			
	accumulated depreciation (attach schedule)			
	<b>15</b> Other assets (describe )			
	<b>16</b> <b>Total assets</b> (to be completed by all filers—see the instructions. Also, see page 1, item I)	1,023	318,016	317,283
	<b>17</b> Accounts payable and accrued expenses	0	0	
	<b>18</b> Grants payable	0	0	
<b>Net Assets or Fund Balances</b>	<b>19</b> Deferred revenue	0	0	
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons	0	0	
	<b>21</b> Mortgages and other notes payable (attach schedule)			
	<b>22</b> Other liabilities (describe )			
	<b>23</b> <b>Total liabilities</b> (add lines 17 through 22)	0	0	
	<b>Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30.</b>	<input checked="" type="checkbox"/>		
	<b>24</b> Net assets without donor restrictions	1,023	318,016	
	<b>25</b> Net assets with donor restrictions	0	0	
	<b>Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30.</b>	<input type="checkbox"/>		
	<b>26</b> Capital stock, trust principal, or current funds			
	<b>27</b> Paid-in or capital surplus, or land, bldg., and equipment fund			
	<b>28</b> Retained earnings, accumulated income, endowment, or other funds			
	<b>29</b> <b>Total net assets or fund balances</b> (see instructions)	1,023	318,016	
	<b>30</b> <b>Total liabilities and net assets/fund balances</b> (see instructions)	1,023	318,016	

**Part III** **Analysis of Changes in Net Assets or Fund Balances**

<b>1</b> Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	1,023
<b>2</b> Enter amount from Part I, line 27a	2	316,993
<b>3</b> Other increases not included in line 2 (itemize)	3	
<b>4</b> Add lines 1, 2, and 3	4	318,016
<b>5</b> Decreases not included in line 2 (itemize)	5	
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29	6	318,016

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)			(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a					
b					
c					
d					
e					
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))	
a					
b					
c					
d					
e					
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.				(I) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))	
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		
a					
b					
c					
d					
e					
2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }			2	
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8 . . . . .			3	

**Part V Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948—see instructions)**

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1.		
	Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)	1	355
b	All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b) . . . . .		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) . . . . .	2	
3	Add lines 1 and 2 . . . . .	3	355
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) . . . . .	4	0
5	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	5	355
6	Credits/Payments:		
a	2023 estimated tax payments and 2022 overpayment credited to 2023 . . . . .	6a	0
b	Exempt foreign organizations—tax withheld at source . . . . .	6b	
c	Tax paid with application for extension of time to file (Form 8868) . . . . .	6c	0
d	Backup withholding erroneously withheld . . . . .	6d	0
7	Total credits and payments. Add lines 6a through 6d. . . . .	7	
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	0
9	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . .	9	355
10	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . .	10	
11	Enter the amount of line 10 to be: <b>Credited to 2024 estimated tax</b>	Refunded	0

**Part VI-A Statements Regarding Activities**

**1a** During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .

**b** Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition. . . . .

If the answer is "Yes" to **1a** or **1b**, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.

**c** Did the foundation file **Form 1120-POL** for this year? . . . . .

**d** Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:  
**(1)** On the foundation. \$ **0**      **(2)** On foundation managers. \$ **0**

**e** Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ **0**

**2** Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . .  
If "Yes," attach a detailed description of the activities.

**3** Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes.

**4a** Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .

**b** If "Yes," has it filed a tax return on **Form 990-T** for this year? . . . . .

**5** Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . .  
If "Yes," attach the statement required by *General Instruction T*.

**6** Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:  
• By language in the governing instrument, or  
• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? . . . . .

**7** Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV

**8a** Enter the states to which the foundation reports or with which it is registered. See instructions.  
**OK**

**b** If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by *General Instruction G*? If "No," attach explanation

**9** Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2023 or the tax year beginning in 2023? See the instructions for Part XIII. If "Yes," complete Part XIII.

**10** Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses.

**11** At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions.

**12** Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions.

**13** Did the foundation comply with the public inspection requirements for its annual returns and exemption application?

	Yes	No
<b>1a</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>1b</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>1c</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>2</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>3</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4a</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4b</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>6</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>7</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>8b</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>9</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>10</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>11</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>12</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>13</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Website address **thekellyfoundation.com****14** The books are in care of **Faith Kelley**Telephone no. **(580) 630-8310**Located at **690 Pecan Ridge Rd, Ardmore, OK**ZIP+4 **73401****15** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here 

and enter the amount of tax-exempt interest received or accrued during the year.

**15****16** At any time during calendar year 2023, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?

See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country

	Yes	No
<b>16</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required****File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.****1a** During the year, did the foundation (either directly or indirectly):

(1) Engage in the sale or exchange, or leasing of property with a disqualified person? . . . . .

(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . .

(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? . . . . .

(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? . . . . .

(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? . . . . .

(6) Agree to pay money or property to a government official? **Exception.** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) . . . . .

**b** If any answer is "Yes" to 1a(1)–(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions . . . . .**c** Organizations relying on a current notice regarding disaster assistance, check here . . . . . **d** Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2023? . . . . .**2** Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):**a** At the end of tax year 2023, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2023? . . . . .

If "Yes," list the years 20\_\_\_\_, 20\_\_\_\_, 20\_\_\_\_, 20\_\_\_\_

**b** Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement—see instructions.) . . . . .**c** If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here.

20\_\_\_\_, 20\_\_\_\_, 20\_\_\_\_, 20\_\_\_\_

**3a** Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . .**b** If "Yes," did it have excess business holdings in 2023 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2023.) . . . . .**4a** Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? . . . . .**b** Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2023? . . . . .

	Yes	No
<b>1a(1)</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>1a(2)</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>1a(3)</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>1a(4)</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>1a(5)</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>1a(6)</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>1b</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1d</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>2a</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>2b</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>3a</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>3b</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4a</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4b</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)****5a During the year, did the foundation pay or incur any amount to:**

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? . . . . .

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? . . . . .

(3) Provide a grant to an individual for travel, study, or other similar purposes? . . . . .

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d) (4)(A)? See instructions . . . . .

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? . . . . .

**b** If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions . . . . .

**c** Organizations relying on a current notice regarding disaster assistance, check here . . . . .

**d** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? . . . . .

If "Yes," attach the statement required by Regulations section 53.4945-5(d).

**6a** Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .

**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870. . . . .

**7a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? . . . . .

**b** If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? . . . . .

**8** Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . .

	Yes	No
5a(1)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5a(2)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5a(3)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5a(4)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5a(5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5b	<input type="checkbox"/>	<input type="checkbox"/>
5d	<input type="checkbox"/>	<input type="checkbox"/>
6a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6b	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7b	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Part VII****Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions.**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account other allowances
<b>Robert Kelley</b> PO box 1507 ,Ardmore ,OK 73402	<b>President</b> 1	0	0	0
<b>Judy Kelley</b> PO box 1507 ,Ardmore ,OK 73402	<b>Vice President</b> 1	0	0	0
<b>Marla Baird</b> PO box 1507 ,Ardmore ,OK 73402	<b>Secretary of Treasury</b> 1	0	0	0
<b>Scott Baird</b> PO box 1507 ,Ardmore ,OK 73402	<b>Director</b> 1	0	0	0

**2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."**

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
<b>NONE</b>				
<b>Total</b> number of other employees paid over \$50,000 . . . . .				

## Part VII

**Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**

**3 Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE."**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c)
		Compensation

**Total number of others receiving over \$50,000 for professional services . . . . .**

## Part VIII-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

1	.....
2	.....
3	.....
4	.....

**Part VIII-B** Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

<b>Part IX</b> <b>Minimum Investment Return</b> (All domestic foundations must complete this part. Foreign foundations, see instructions.)			
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities . . . . .	1a	26,310
b	Average of monthly cash balances . . . . .	1b	18,167
c	Fair market value of all other assets (see instructions) . . . . .	1c	0
d	<b>Total</b> (add lines 1a, b, and c) . . . . .	1d	44,477
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) . . . . .	1e	0
2	Acquisition indebtedness applicable to line 1 assets . . . . .	2	0
3	Subtract line 2 from line 1d . . . . .	3	44,477
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions) . . . . .	4	667
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 . . . . .	5	43,810
6	<b>Minimum investment return.</b> Enter 5% (0.05) of line 5 . . . . .	6	2,191

<b>Part X</b> <b>Distributable Amount</b> (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here <input type="checkbox"/> and do not complete this part.)			
1	Minimum investment return from Part IX, line 6 . . . . .	1	2,191
2a	Tax on investment income for 2023 from Part V, line 5 . . . . .	2a	355
b	Income tax for 2023. (This does not include the tax from Part V) . . . . .	2b	0
c	Add lines 2a and 2b . . . . .	2c	355
3	Distributable amount before adjustments. Subtract line 2c from line 1 . . . . .	3	1,836
4	Recoveries of amounts treated as qualifying distributions . . . . .	4	0
5	Add lines 3 and 4 . . . . .	5	1,836
6	Deduction from distributable amount (see instructions) . . . . .	6	0
7	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1 . . . . .	7	1,836

<b>Part XI</b> <b>Qualifying Distributions</b> (see instructions)			
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26 . . . . .	1a	40,943
b	Program-related investments—total from Part VIII-B . . . . .	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes . . . . .	2	0
3	Amounts set aside for specific charitable projects that satisfy the:	3a	
a	Suitability test (prior IRS approval required) . . . . .	3b	0
b	Cash distribution test (attach the required schedule) . . . . .	4	40,943
4	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part XII, line 4 . . . . .		

## Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2022	(c) 2022	(d) 2023
1 Distributable amount for 2023 from Part X, line 7				1,836
2 Undistributed income, if any, as of the end of 2023:				
a Enter amount for 2022 only . . . . .			0	
b Total for prior years: 20 ___, 20 ___, 20 ___,		0		
3 Excess distributions carryover, if any, to 2023:				
a From 2018 . . . . .				
b From 2019 . . . . .				
c From 2020 . . . . .	42,000			
d From 2021 . . . . .	26,940			
e From 2022 . . . . .	57,956			
f Total of lines 3a through e . . . . .	126,896			
4 Qualifying distributions for 2023 from Part XI, line 4: \$ 40,943				
a Applied to 2022, but not more than line 2a . . . . .			0	
b Applied to undistributed income of prior years (Election required—see instructions) . . . . .				
c Treated as distributions out of corpus (Election required—see instructions) . . . . .				
d Applied to 2023 distributable amount . . . . .				1,836
e Remaining amount distributed out of corpus	39,107			
5 Excess distributions carryover applied to 2023 (If an amount appears in column (d), the same amount must be shown in column (a).) . . . . .				
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	166,003			
b Prior years' undistributed income. Subtract line 4b from line 2b . . . . .		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed . . . . .		0		
d Subtract line 6c from line 6b. Taxable amount—see instructions . . . . .		0		
e Undistributed income for 2022. Subtract line 4a from line 2a. Taxable amount—see instructions . . . . .		0		
f Undistributed income for 2023. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2024 . . . . .			0	0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions) . . . . .	0			
8 Excess distributions carryover from 2018 not applied on line 5 or line 7 (see instructions) . . . . .	0			
9 Excess distributions carryover to 2024. Subtract lines 7 and 8 from line 6a . . . . .	166,003			
10 Analysis of line 9:				
a Excess from 2019 . . . . .	0			
b Excess from 2020 . . . . .	42,000			
c Excess from 2021 . . . . .	26,940			
d Excess from 2022 . . . . .	57,956			
e Excess from 2023 . . . . .	39,107			

**Part XIII Private Operating Foundations** (see instructions and Part VI-A, question 9)

<b>1a</b> If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2023, enter the date of the ruling . . . . .				
<b>b</b> Check box to indicate whether the foundation is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)				
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed . . . . .				
<b>b</b> 85% (0.85) of line 2a . . . . .				
<b>c</b> Qualifying distributions from Part XI, line 4, for each year listed . . . . .				
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .				
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .				
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:				
<b>a</b> "Assets" alternative test—enter:				
(1) Value of all assets . . . . .				
(2) Value of assets qualifying under section 4942(j)(3)(B)(i) . . . . .				
<b>b</b> "Endowment" alternative test—enter 2/3 of minimum investment return shown in Part IX, line 6, for each year listed . . . . .				
<b>c</b> "Support" alternative test—enter:				
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .				
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(ii) . . . . .				
(3) Largest amount of support from an exempt organization . . . . .				
(4) Gross investment income . . . . .				

**Part XIV Supplementary Information** (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

N/A

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

N/A

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

**a** The name, address, and telephone number or email address of the person to whom applications should be addressed:

**See Statements**

**b** The form in which applications should be submitted and information and materials they should include:

**c** Any submission deadlines:

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

**Part XIV Supplementary Information (continued)****3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>a Paid during the year</b>				
<b>See Statements</b>				
<b>Total</b>			<b>3a</b>	<b>40,000</b>
<b>b Approved for future payment</b>				
<b>Total</b>			<b>3b</b>	

## Part XV-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

Enter gross amounts unless otherwise indicated.		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions.)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
<b>1</b>	Program service revenue:					
a						
b						
c						
d						
e						
f						
<b>g</b>	Fees and contracts from government agencies					
<b>2</b>	Membership dues and assessments					
<b>3</b>	Interest on savings and temporary cash investments					
<b>4</b>	Dividends and interest from securities					
<b>5</b>	Net rental income or (loss) from real estate:					
a	Debt-financed property					
b	Not debt-financed property					
<b>6</b>	Net rental income or (loss) from personal property					
<b>7</b>	Other investment income					
<b>8</b>	Gain or (loss) from sales of assets other than inventory					
<b>9</b>	Net income or (loss) from special events					
<b>10</b>	Gross profit or (loss) from sales of inventory					
<b>11</b>	Other revenue: a					
b						
c						
d						
e						
<b>12</b>	Subtotal. Add columns (b), (d), and (e)		0		0	0
<b>13</b>	Total. Add line 12, columns (b), (d), and (e)					13

(See worksheet in line 13 instructions to verify calculations.)

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

## Part XVI Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations.

	Yes	No
1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		
a Transfers from the reporting foundation to a noncharitable exempt organization of:		
(1) Cash . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(2) Other assets . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Other transactions: . . . . .		
(1) Sales of assets to a noncharitable exempt organization . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(2) Purchases of assets from a noncharitable exempt organization . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(3) Rental of facilities, equipment, or other assets . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(4) Reimbursement arrangements . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(5) Loans or loan guarantees . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(6) Performance of services or membership or fundraising solicitations . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees . . . . .		
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.		

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527?  Yes  No

**b** If "Yes," complete the following schedule.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign  
Here

Robert Kelley

03/18/2024

## President

May the IRS discuss this return with  
the preparer shown below?  
See instructions.  Yes  No

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name		Firm's EIN		
	Firm's address		Phone no		

**Schedule B  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**Attach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**Name of the organization  
**KELLEY FOUNDATION**Employer identification number  
**84-3571853****Organization type (check one):****Filers of:**

Form 990 or 990-EZ

<input type="checkbox"/>	501(c) () organization
<input type="checkbox"/>	4947(a)(1) nonexempt charitable trust not treated as a private foundation
<input type="checkbox"/>	527 political organization

Form 990-PF

<input checked="" type="checkbox"/>	501(c)(3) exempt private foundation
<input type="checkbox"/>	4947(a)(1) nonexempt charitable trust treated as a private foundation
<input type="checkbox"/>	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

\$

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642I

Form **990PF** (2023)

Name of the organization KELLEY FOUNDATION	Employer identification number 84-3571853
-----------------------------------------------	----------------------------------------------

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(c) Type of contribution
1	Robert Kelley 690 Pecan Ridge Rd Ardmore, OK 73401	\$ 331,458	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(c) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(c) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(c) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(c) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(c) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of the organization KELLEY FOUNDATION	Employer identification number 84-3571853
-----------------------------------------------	----------------------------------------------

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	895 shares ConocoPhillips, 675 shares Diamond Back Energy, 630 shares JPMorgan Chase	\$316,458	12/21/2023
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of the organization  
KELLEY FOUNDATION

Employer identification number  
84-3571853

**Part III** **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) **\$** \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		Relationship of transferor to transferee
	(e) Transfer of gift		Relationship of transferor to transferee
	(e) Transfer of gift		Relationship of transferor to transferee
	(e) Transfer of gift		Relationship of transferor to transferee
	(e) Transfer of gift		Relationship of transferor to transferee
	(e) Transfer of gift		Relationship of transferor to transferee
	(e) Transfer of gift		Relationship of transferor to transferee
	(e) Transfer of gift		Relationship of transferor to transferee
	(e) Transfer of gift		Relationship of transferor to transferee

**Form 990PF Statements**

2023

Name of the Organization KELLEY FOUNDATION	<b>Employer identification number</b> 84-3571853		
Statement name: Investments - Corporate stock - Part II Line 10b			
Description	BOY - Book Value	EOY - Book Value	EOY-FMV
Conoco Phillips	\$0	\$104,259	\$103,883
Diamond Back Energy	\$0	\$106,076	\$104,679
JP Morgan Chase	\$0	\$106,123	\$107,163

Name of the Organization KELLEY FOUNDATION	EIN 84-3571853
-----------------------------------------------	-------------------

**Grants and Contributions Paid during the year - Part XIV Line 3a**

S. No.	Name	Address	Foundation status	Amount
1	The Goddard Center	401 1st Ave SW,,Ardmore,OK 73401	PC	5,000
Operating Budget				
2	City of Rattan	125 State Highway 93,,Rattan,OK 74562	GOV	2,500
Operating Budget				
3	Springer Fire Department	130 Angus Ave,,Springer,OK 73458	GOV	2,500
Operating Budget				
4	Heroes with Hope Southern Oklahoma	16 E St. SW,,Ardmore,OK 73401	PC	5,000
Operating Budget				
5	Food Resource Center S Central Okla	801 Hailey St. SW,,Ardmore,OK 73401	PC	10,000
Operating Budget				
6	River of Life Food Distribution Cen	938 Redwood St.,,Wilson,OK 73463	PC	5,000
Operating Budget				
7	Southern Tech	2610 Sam Noble Pkwy,,Ardmore,OK 73401	GOV	10,000
Scholarships				

**Form 990PF Statements**

2023

Name of the Organization KELLEY FOUNDATION	Employer identification number 84-3571853
-----------------------------------------------	----------------------------------------------

Statement name: **Other Income - Part I Line 11**

<b>Explanation:</b>	Oil/gas royalties
<b>Revenue and Expenses per books:</b>	\$26,478
<b>Net Investment Income:</b>	\$26,478
<b>Adjusted Net Income:</b>	\$0

Statement name: **Taxes - Part I Line 18**

<b>Explanation:</b>	Filing fee
<b>Revenue and Expenses per books:</b>	\$638
<b>Net Investment Income:</b>	\$638
<b>Adjusted Net Income:</b>	\$0
<b>Disbursements for Charity Purpose:</b>	\$638

<b>Explanation:</b>	Ad Valorem
<b>Revenue and Expenses per books:</b>	\$305
<b>Net Investment Income:</b>	\$305
<b>Adjusted Net Income:</b>	\$0
<b>Disbursements for Charity Purpose:</b>	\$305

Statement name: **Part VII Line 1 List of officers**

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation	(d) Health benefits	(e) Estimated amount of other compensation
Carol Mitchell Director PO box 1507 ,Ardmore,OK 73402	1	\$0	\$0	\$0

**Form 990PF Statements**

2023

Name of the Organization  
KELLEY FOUNDATION

**Employer identification number**  
84-3571853

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Statement name: **Substantial Contributor - Part VI A Line 10**

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**Name:** Robert Kelley  
**Address:** 690 Pecan Ridge Rd, Ardmore, OK 73401

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Statement name: **Information Regarding Contribution Programs - Part XIV Line 2**

---

**Name of program:** The Kelley Foundation  
**Name of person:** Faith Kelley  
**Address:** PO box 1507, Ardmore, OK 73402  
**Email Address:** thekelleyfoundation1@gmail.com  
**Phone number:** (405) 714-4214  
**Submission deadlines:** none  
**Form name:** As declared on website  
**Restrictions:** none

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Tax Exempt Entity Declaration and Signature  
for Electronic FilingDepartment of the Treasury  
Internal Revenue ServiceFor calendar year 2023, or tax year beginning \_\_\_\_\_, 20\_\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_\_  
For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, 8868, 5227, 5330, and 8038-CP  
Go to [www.irs.gov/Form8453TE](http://www.irs.gov/Form8453TE) for the latest information.

2023

Name of filer

EIN or SSN

**Part I Type of Return and Return Information**

Check the box for the type of return being filed with Form 8453-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	Form 990 check here	<input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b
2a	Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a	Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b
4a	Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a	Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b
6a	Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b
7a	Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b
8a	Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a	Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b
10a	Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b

**Part II Declaration of Officer or Person Subject to Tax**

11a  I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

b  If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that  I am an officer of the above named entity or  I am the person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_,

and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign  
Here

Robert Kelley

Signature of officer or person subject to tax

Date

Title, if applicable

**Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)**

I declare that I have reviewed the above return and that the entries on Form 8453-TE are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The entity officer or person subject to tax will have signed this form before I submit the return. I will give a copy of all forms and information to be filed with the IRS to the officer or person subject to tax, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature  Firm's name (or yours if self-employed), address, and ZIP code	Date	Check if also paid preparer <input type="checkbox"/>	Check if self- employed <input type="checkbox"/>	ERO's SSN or PTIN  EIN  Phone no.
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Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer Use Only	Print/Type preparer's name  Firm's name  Firm's address	Preparer's signature	Date	Check if self- employed <input type="checkbox"/>	PTIN  Firm's EIN  Phone no.
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