LAUTERBACH, BORSCHOW & COMPANY, P.C. 4130 RIO BRAVO STREET EL PASO, TX 79902

KELLY CENTER FOR HUNGER RELIEF 915 N. FLORENCE EL PASO, TX 79902

Haalldaddallaaddalld

CLIENT'S COPY



4130 Rio Bravo Street El Paso, Texas 79902 T (915) 544-6950 | F (915) 544-1303 www.lb-cpa.com

November 14, 2024

Kelly Center for Hunger Relief 915 N. Florence El Paso, TX 79902

Kelly Center for Hunger Relief:

Enclosed is the organization's 2023 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us by November 15, 2024.

TERMS, CONDITIONS AND LIMITATIONS

To assist you in understanding the scope of our services and other matters related to the preparation of your tax returns, we have attached a copy of the "Lauterbach, Borschow & Company, P.C. Terms, Conditions and Limitations for Tax Services". All our federal, state, local, etc. tax return preparation services are expressly subject to these Terms, Conditions and Limitations and by you: (a) signing and filing the tax return(s) with the Internal Revenue Service or other federal, state, local, etc. authorities, (b) signing and returning the applicable tax return e-file authorization form(s) to us, or (c) giving us your written or verbal consent to e-file the applicable tax return(s), you expressly agree to them.

FOREIGN FINANCIAL ACCOUNT AND ASSET REPORTING

U.S. citizens and residents and certain nonresidents, including individuals, corporations, partnerships, limited liability companies, trusts and estates, etc., who have any direct or indirect financial interest in (including through an interest owned by another entity or a community property interest) or signature authority over foreign bank and other "financial" accounts or other foreign financial assets, were a grantor, transferor, or beneficiary of a foreign trust, or were a recipient of a foreign gift, may be required to file various information reports with the Department of the Treasury or the Internal Revenue Service. Some of the information reports are filed with the federal income tax return and some are filed separately.

There are severe civil and criminal penalties for the failure to file, late filing or incomplete filing of these various information reports, even if there is no understatement of tax, and the penalties are being enforced. The preparation of these information reports is beyond the scope of normal tax return preparation services; however we are able to assist you with the preparation of these information report filings. If you have not previously requested that we prepare these information report filings for you in

writing and would like us to do so, or if you have questions concerning your filing obligations, you should contact us as soon as possible, prior to the filing of the federal income tax return.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Very truly yours,

Lauterbach, Borschow & Company, P.C. Certified Public Accountants

YOU MAY SCAN (OR TAKE A PHOTOGRAPH) AND UPLOAD YOUR SIGNED E-FILE AUTHORIZATION FORM TO US VIA OUR SECURE CLIENT PORTAL, TEXT IT TO US AT 915-747-3377, EMAIL IT TO US AT efile@lb-cpa.com (NOT SECURE), OR FAX IT TO US AT 915-544-1303.

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2023

P	rep	a	re	d	F	n	r:

Kelly Center for Hunger Relief 915 N. Florence El Paso, TX 79902

Prepared By:

Lauterbach, Borschow & Company, P.C. 4130 Rio Bravo Street El Paso, TX 79902

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us by November 15, 2024.

YOU MAY SCAN (OR TAKE A PHOTOGRAPH) AND UPLOAD YOUR SIGNED E-FILE AUTHORIZATION FORM TO US VIA OUR SECURE CLIENT PORTAL, TEXT IT TO US AT 915-747-3377, EMAIL IT TO US AT efile@lb-cpa.com (NOT SECURE), OR FAX IT TO US AT 915-544-1303.

IRS E-file Signature Authorization for a Tax Exempt Entity

r calendar year 2023, or fiscal year beginning	, 2023, and ending	, 20
, , , , , , , , , , , , , , , , , , , ,		

Coto www.irs.gov/crom8879TE for the latest information. Elik or SSN KELLY CENTER FOR HUNGER RELIEF **-***70.18	Department of the Treasury Do not send to the IRS. Keep for your records.							2023			
KELLY CENTER FOR HUNGER RALTEF WARREN GOODELL EXECUTIVE DIRECTOR Part Type of Return and Return Information AND CONTROL OF THE CONTROL	Internal I	Revenue Service		Go t	to www.irs.go	v/Form8879TE fo	r the latest i	nformation.			
Warren and title of efficer or person subject to tax WARREN GOODELL EXECUTIVE DIRECTOR Part Type of Return and Return Information Direct the box for the return for which you are using this Form \$879-TE and enter the applicable amount, if any, from the return. Form \$038-CP and corns. Social interactions and certification of the forms, enter whole collars only. If you check the box on line 14, 2a, 3a, 4a, 5a, 6a, 7a, 8a, whichever is applicable, blank (so not enter 0.). But, 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	Name (~							-	1.0
EXECUTIVE DIRECTOR Part I Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount if any, from the estum. Form 8008-CP and 400 and 100 a									**-*	**701	18
Part Type of Return and Return Information	Name a	and title of officer or pe	rson subject to								
Check the lock for the return for which you are using this Form 9829 TE and enter the applicable amount, if any, from the return. Form 9038 CP and form \$300 them may enter dollars and derate. For all other forms, enter whole obtains only, if you check the box on line 1a, 2a, 3a, 4a, 5a, 5a, 7a, 8a, 5a, 7a (3a) ablow, and the amount on that line for the return being filled with this form was blank, then leave line 1b, 2b, 3d, 4b, 5b, 6b, 7b, 8b, 9b, or 10b withchever is applicable, blank (do not enter 0-). But, if you entered 0- on the return, then enter 0-) on the applicable into below. Do not complete mothan one line in Part 1. 1	Dari	Type of	Doturn and								
Tom \$300 fliers 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, 6a, 7a, 7b, 7d 0a bolow, and the amount on that line for the return being flied with this form was blank, then leave line 1a, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, 9b, 9b, 9b, 9b, 9b, 9b, 9b, 9b, 9											
The Form 990 check here	Form sor 10 a which	5330 filers may ente below, and the amo ever is applicable, b	r dollars and count on that li	cents. For a	all other forms, return being file	, enter whole dolla ed with this form v	rs only. If you vas blank, the	check the box on leave line 1b,	on line 1a, 2a, 2b, 3b, 4b, 5b	3a, 4a, , 6b, 7b	5a, 6a, 7a, 8a, 9a, 8b, 9b, or 10b,
a Form 990-EZ check here b Total tax (Form 1120-POL, line 29) 25 3a Form 1120-POL check here b Total tax (Form 1120-POL, line 29) 3b 3 3a Form 1120-POL check here b Total tax (Form 120-POL, line 29) 4b 5a Form 8886 check here b Balance due (Form 8886, line 3c) 5b 5a Form 8886 check here b Total tax (Form 990-F, Part IV, line 5) 4b 5a Form 8890-T check here b Total tax (Form 990-F, Part IV, line 1) 7b 5a 6a Form 990-T check here b Form 4720, Part III, line 1) 7b 5a 6a Form 990-T check here b Form 4720, Part III, line 1) 7b 5a 6a Form 5227 check here b Total tax (Form 4720, Part III, line 1) 7b 5a 6a Form 5227 check here b Total tax (Form 3930, Part III, line 1) 8b 5a Form 5330, here (line 1) 7b 5a 6a Form 5230 check here b Total tax (Form 3930, Part III, line 1) 9b 5a Form 5330, here (line 1) 7b 7b 6a Form 8088. Check here b Total tax (Form 3930, Part III, line 1) 9b 5a Form 5330, here (line 1) 7b 7b 6a Form 8088. Check here b Amount of credit payment requested (Form 8038-CP Part III) 1b 6a Form 8088. Check here b Amount of credit payment requested (Form 8038-CP Part III, line 22) 10b 7b			nere	Х ь	Total revenue	e, if any (Form 990), Part VIII, co	lumn (A), line 12))	1b	908,429.
The form 1120-POL check here b Total tax (Form 1120-POL, line 22) 3b	2a									_	
form 990-PF check here			•••								
b Dalance due (Form 8686, line 3c) 5b 6a Form 990-T check here	4a										
Form 990-T check here	5a		***								
Form 4720 check here	6a										
Ba Form 5227 check here	7a			b	Total tax (For	m 4720. Part III. li	ne 1)			7b	
Sample Deck here Deck											
Do Form 8038-CP Check here	9a										
Declaration and Signature Authorization of Officer or Person Subject to Tax Junder penalties of perjury, I declare that X I am an officer of the above entity or Lam a person subject to tax with respect to (name of entity) Lam and that I have examined a copy of the Peter of Common that I have examined t	10a										
In entity) In entity) In entity) In entity) In entity) In and that I have examined a copy of the decorpic 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 retermediate 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 for any delay in processing the return or refund, and (c) the day any refund. If applicable, I authorize the U.S. Treasury and list designated Financial Agent to the IRS and on this return, and the interior of the IRS and											
In entity) In entity) In entity) In entity) In entity) In and that I have examined a copy of the decorpic 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 retermediate 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 for any delay in processing the return or refund, and (c) the day any refund. If applicable, I authorize the U.S. Treasury and list designated Financial Agent to the IRS and on this return, and the interior of the IRS and	Under	penalties of perjury	I declare that	t X I ar	m an officer of t	the above entity o	r I am a	person subject t	o tax with res	pect to (r	name
2023 electronic return and accompanying schedules and statements, and, to this best of the knewledge and belief, they are true, correct, and complete. If urther deciare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my neterinediate service provider, transmitter, or electronic return or gnetor (ERO) to send the return to the IRS (a) an acknowledgement of recept or reason for rejection of the transmission. (b) the sean of some provider in the return or return, and the form return of the transmission. (b) the case on few regions of processing the return or return, and the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the inancial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the inancial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the inancial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the inancial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the inancial institution is receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a a version identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only I authorize LAUTERBACH, BORSCHOW & COMPANY, P.C. to enter my PIN ER0 firm name ER0 firm nam											
as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Date Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. Date 14743324680 Do not enter all zeros certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature LAUTERBACH, BORSCHOW & COMPANY, P.C Date 11/14/24 ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So	persor	nal identification nur	nber (PIN) as r	my signatu	ure for the elect	tronic return and,	f applicable,	the consent to el	ectronic funds	withdra	iwal.
as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature LAUTERBACH, BORSCHOW & COMPANY, P.C Date 11/14/24 ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So	L	X I authorize LA	UTERBAC	:н, во	RSCHOW	& COMPANY	, P.C.		to enter my F		
as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Bate Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature LAUTERBACH, BORSCHOW & COMPANY, P.C Date 11/14/24 ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So					ERC) firm name					
Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. Tay 13324680 Do not enter all zeros certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature LAUTERBACH, BORSCHOW & COMPANY, P.C Date 11/14/24 ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So		with a state age on the return's of the As an officer or return. If I have	ncy(ies) regula disclosure con person subjec ndicated with	ating charit sent scree at to tax wi in this retu	ties as part of t en. ith respect to th urn that a copy	the IRS Fed/State ne entity, I will ent of the return is be	program, I als er my PIN as ing filed with	my signature on a state agency(io	aforementione the tax year 20	d ERO to	o enter my PIN
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. T4743324680 Do not enter all zeros certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature LAUTERBACH, BORSCHOW & COMPANY, P.C Date 11/14/24 ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So				uthentic	cation				Date)	
number (EFIN) followed by your five-digit self-selected PIN. The selected PIN and the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature LAUTERBACH, BORSCHOW & COMPANY, P.C Date 11/14/24 ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So						<u> </u>					
Submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature LAUTERBACH, BORSCHOW & COMPANY, P.C Date 11/14/24 ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So		-	_		•	ori	<u> </u>				
ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So	submi	tting this return in a					electronicall	y filed return indi	cated above. I		
Do Not Submit This Form to the IRS Unless Requested To Do So	ERO's	signature <u>LAU</u>	TERBACH	, BOR	SCHOW &	COMPANY,	P.C	Date1	1/14/24		
0070 75			Do N						0.50		
	For P	ivacy Act and Pane					mess net	_{lucsieu IU D}	0 00	Form	8879-TE (2023

LHA 302521 01-05-24

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Αŀ	or the	2023 calendar year, or tax year beginning	and	enaing						
B c	Check if	C Name of organization			D Employer ident	ification number				
	Addre	KELLY CENTER FOR HUNGER	RELIEF							
X	Name chang	Doing business as			**-***7	018				
	Initial return Final	Number and street (or P.O. box if mail is not deli 915 N. FLORENCE	vered to street address)	Room/suite	E Telephone numb					
	⊥return/ termin ated		ZIP or foreign postal code		G Gross receipts \$	908,429.				
	Ameno		in or loreign postar dode		H(a) Is this a group return					
	Applic		REN GOODELL		for subordinate					
	pendir	g			H(b) Are all subordinates	—				
T 1	Гах-ехе	empt status: X 501(c)(3) 501(c)((insert no.) 4947(a)(1)	or 527	1	a list. See instructions				
	Vebsit			0 0	H(c) Group exempt					
			sociation Other	L Year		M State of legal domicile: TX				
		Summary				<u> </u>				
	1	Briefly describe the organization's mission or most	significant activities: THE	ORGANI	ZATION'S M	ISSION IS TO				
Governance		HELP EL PASOANS IN NEED AD								
Ja	2	Check this box if the organization discor	tinued its operations or dispos	sed of more	than 25% of its net a	assets.				
Š	3	Number of voting members of the governing body (Part VI, line 1a)			3 17				
Ğ	4	Number of independent voting members of the gov	erning body (Part VI, line 1b)			4 16				
တ္		Total number of individuals employed in calendar ye				5 10				
ij	6	Total number of volunteers (estimate if necessary)				2250				
Activities &		Total unrelated business revenue from Part VIII, col								
_		Net unrelated business taxable income from Form 9				ъ О.				
					Prior Year	Current Year				
Revenue	8	Contributions and grants (Part VIII, line 1h)			605,575					
	9	Program service revenue (Part VIII, line 2g)			0					
	10	Investment income (Part VIII, column (A), lines 3, 4,	and 7d)		52					
E	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,	9c, 10c, and 11e)		0					
	12	Total revenue - add lines 8 through 11 (must equal l	Part VIII, column (A), line 12)		605,627					
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0					
	1	Benefits paid to or for members (Part IX, column (A)	. , , , , , , , , , , , , , , , , , , ,		0					
es	15	Salaries, other compensation, employee benefits (P			350,624					
Expenses	16a	Professional fundraising fees (Part IX, column (A), lii			0	. 0.				
ă	b	Total fundraising expenses (Part IX, column (D), line	· · · · · · · · · · · · · · · · · · ·		455 600	404 445				
ш	''	Other expenses (Part IX, column (A), lines 11a-11d,			175,622					
	1	Total expenses. Add lines 13-17 (must equal Part IX			526,246					
	19	Revenue less expenses. Subtract line 18 from line 1	2		79,381					
SOF				Ве	ginning of Current Yea					
Net Assets or	20	Total assets (Part X, line 16)			692,552					
et A	21	Total liabilities (Part X, line 26)			140,101					
Z:	22 art II	Net assets or fund balances. Subtract line 21 from Signature Block	ine 20		552,451	. 599,280.				
		Ities of perjury, I declare that I have examined this return,	noludina aggemnanyina aghadular	and stateme	unto, and to the heat of a	my knowledge and heliof it is				
		t, and complete. Declaration of preparer (other than officer				illy knowledge and belief, it is				
uue,	, correc	i, and complete. Declaration of preparer (other than officer) is based on an information of wi	licii preparei	lias any knowledge.					
C: ~.	_	Signature of officer			I Date					
Sigı Her		WARREN GOODELL, EXECUTIVE	DIRECTOR							
пer	е	Type or print name and title	DIRECTOR							
		Print/Type preparer's name	Preparer's signature	1	Date Check	PTIN				
Paid	I	ERIN MILLER, CPA	i roparoi o oignature	1	1/14/24 if self-emp					
	oarer		IOW & COMPANY, F	.c.	Firm's EIN	**-***4723				
	Only	Firm's address 4130 RIO BRAVO STE			THIII 3 LIN					
	z ,	EL PASO, TX 79902			Phone no 9	15-544-6950				
Mav	/ the IF	RS discuss this return with the preparer shown above	re? See instructions		11 110110 110.5	X Yes No				
	. Fan	Demonstrate Deduction Act Nation and the concern	to include and			Farm 990 (2022)				

Pai	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	THE ORGANIZATION'S MISSION IS TO HELP EL PASOANS IN NEED ADDRESS	
	HUNGER AND FOOD INSECURITY. THIS IS ACHIEVED THROUGH SIX MAJOR	
	PROGRAMS: KELLY FOOD PANTRY, FRESH START PROGRAM, CLOTHES CLOSET,	
	JARDIN DE MILAGROS, RESEARCH INSTITUTE, ADVOCACY CENTER.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X	No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$	
	THE ORGANIZATION'S MISSION IS TO HELP EL PASOANS IN NEED ADDRESS HUNGER	₹
	AND FOOD INSECURITY. THIS IS ACHIEVED THROUGH SIX MAJOR PROGRAMS:	
	KELLY FOOD PANTRY - PROVIDING EMERGENCY AND SUPPLEMENTAL FOOD FIVE DAYS	3
	A WEEK.	
	FRESH START PROGRAM - EMPOWERING MEMBERS TO ADDRESS THE ROOT CAUSE OF	
	THEIR FOOD INSECURITY.	
	CLOTHES CLOSET - PROVIDING EMERGENCY AND PROFESSIONAL CLOTHING.	
	JARDIN DE MILAGROS - PROVIDING TENS OF THOUSANDS OF POUNDS OF FRESH	
	PRODUCE TO THE PANTRY CENTER.	
	RESEARCH INSTITUTE - FOCUSING ON FOOD SECURITY AND RELATED ISSUES IN	
	THE BORDERLAND.	
	ADVOCACY CENTER - ADDING VOICES TO INITIATIVES THAT WILL IMPROVE FOOD	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
	Other program services (Describe on Schedule O.)	
-u	(Expenses \$ including grants of \$) (Revenue \$)	
	Total program service expenses 726,507.	
70	Form 990 (2033/

Form 990 (2023) KELLY CENTER FOR HUNGER RELIEF Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
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		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			,,
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			,,
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	l	v	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			x
a	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
u	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	11d		х
	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's slability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	· · · ·		
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	.		17
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
00	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		_
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
	domestic government on it active, conditingly, line it! If "Yes," complete Schedule I, Parts I and II	41		

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Form **990** (2023)

Form 990 (2023) KELLY CENTER FOR HUNGER RELIEF
Part IV Checklist of Required Schedules (continued)

	(SOMETHORS)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	140
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			37
	"Yes," complete Schedule L, Part IV	28c	v	X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
0.4	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			Х
22	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		х
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34		34		Х
35.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	Joa		
D	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?	330		
-5	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
22200	1 12 21 22	Eorm	990	(2023)

023) KELLY CENTER FOR HUNGER RELIEF Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		<u> </u>					
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		<u> X</u>					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			37					
	any contributions that were not tax deductible as charitable contributions?	6a		<u> </u>					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	a ı							
_	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).	7-		Х					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Λ_					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	70		Х					
d		7c							
e	If "Yes," indicate the number of Forms 8282 filed during the year	7e							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f							
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h							
	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders 11a								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
_	organization is licensed to issue qualified health plans Enter the amount of receives an head								
с 14а	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1-10							
.5	excess parachute payment(s) during the year?	15		Х					
	If "Yes," see the instructions and file Form 4720, Schedule N.	.0							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х					
·	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17							
	If "Yes," complete Form 6069.								

Form **990** (2023)

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion 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									
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent 1b 16									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	2		X						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, trustees, or key employees to a management company or other person?	3		X						
4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?									
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х						
6	Did the organization have members or stockholders?	6		X						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a		Х						
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		Х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	X							
b	Each committee with authority to act on behalf of the governing body?	8b	X							
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? If "Yes," provide the names and addresses on Schedule O	9		Х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		X						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X							
b										
12a										
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	on Schedule O how this was done	12c	X							
13	Did the organization have a written whistleblower policy?	13		X						
14	Did the organization have a written document retention and destruction policy?	14		X						
15	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		X						
b	Other officers or key employees of the organization	15b		Х						
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	16a		X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed $\overline{ ext{TX}}$									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availat	ole						
	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website Another's website X Upon request X Other (explain on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial							
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records									
	WARREN GOODELL - 9152617499									
	915 N. FLORENCE ST, EL PASO, TX 79902									

Form **990** (2023)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)			(((D)	(E)	(F)
Name and title	Average	(do	not c	Posi			one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s both	n an	compensation	compensation	amount of
	week		l an	u a u	recio	l / li us	(66)	from	from related	other
	(list any	director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	l trustee		99/	npen		1099-NEC)	1099-1420)	and related
	below	dual t	rtiona	_	oldu	st cor	_	1000 1120)		organizations
	line)	Individual trustee or	Institutional	Officer	Key employee	Highest compensated employee	Former			5. ga <u>_</u> a
(1) WARREN GOODELL	40.00		_				d			
EXECUTIVE DIRECTOR				Х				70,000.	0.	0 .
(2) STEVE ANDERSON	2.00									
BOARD MEMBER		Х				ľ		0.	0.	0
(3) GIOVANNI BOTELLO	2.00									
BOARD MEMBER		Х						0.	0.	0
(4) BRIANA M. GOMEZ	2.00									
BOARD MEMBER		Х						0.	0.	0
(5) MARY BELL HANEY	2.00									
BOARD MEMBER		Х						0.	0.	0
(6) JERALD HOBSON	2.00									
BOARD MEMBER		Х						0.	0.	0
(7) JASON MALLONEE	2.00									
PRESIDENT		Х						0.	0.	0
(8) ANDRES MARTINEZ	2.00									
BOARD MEMBER		Х						0.	0.	0
(9) EVA M. MOYA	2.00									
BOARD MEMBER		Х						0.	0.	0
(10) JOSE PABLO PESCADOR	2.00									
BOARD MEMBER		Х						0.	0.	0
(11) SEAN D. POND	2.00									
BOARD MEMBER		Х						0.	0.	0
(12) JOSEPH V. RICCILLOO	2.00									
SECRETARY		Х						0.	0.	0
(13) TRESA ROCKWELL	2.00									
BOARD MEMBER		Х				L		0.	0.	0
(14) B. ABIGAIL TARANGO	2.00									
BOARD MEMBER		Х						0.	0.	0
(15) JAZMINE VENEGAS	2.00									
BOARD MEMBER		Х						0.	0.	0
(16) ALISON WELLS	2.00									
BOARD MEMBER		Х						0.	0.	0
(17) CHARLES ANDREW WHATLEY	2.00									
BOARD MEMBER		Х						0.	0.	0

Form 9	990 (2023) KELLY CEN	TER FOR	H	UN	ΙGΕ	R	RE	LI	EF	**_**	*70	18	Page 8
Part	VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
	(A) Name and title	(B) Average hours per	(do box	not c	Posi heck r ss per	ition	l than o s both	one n an	(D) Reportable compensation	(E) Reportable compensation	n	(F Estim amou	ated nt of
		week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MIS 1099-NEC)	- 1	oth comper from organiz and re organiz	sation the zation lated
(18)	THOMAS L WRIGHT	2.00		_	_								
VICE_	PRESIDENT		X						0.		0.		0.
								4					
1b :	Subtotal								70,000.		0.		0.
c ·	Total from continuation sheets to Part VII								0.		0.		0.
				_			_		70,000.		0.		0.
	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable			0
	omponoation nom the organization											Ye	
	Did the organization list any former officer, line 1a? <i>If "Yes," complete Schedule J for st</i>											3	X
	For any individual listed on line 1a, is the su and related organizations greater than \$150											4	Х
	Did any person listed on line 1a receive or a			•								-	
	rendered to the organization? If "Yes." com	plete Schedule	J fo	or su	ıch r	oers	on .					5	X
1	on B. Independent Contractors Complete this table for your five highest corthe organization. Report compensation for t	•	-							•	ensati	on from	
	(A) Name and business	address	NC	ONE	3				(B) Description of s	ervices	Co	(C) ompensa	tion
	Total number of independent contractors (ir	ncluding but p	ot lin	niter	1 to t	thos	e lie	ted	above) who received mo	ore than			
	\$100,000 of compensation from the organiz	ŭ	J. IIII										
	<u>-</u>											orm 99 0	(2023)

I a	•	••••		no or noto to any lin	o in this Bort VIII			
			Check if Schedule O contains a respons	se or note to any iir	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
								360110113 3 12 - 3 14
nts	1		Federated campaigns 1a		-			
Gra			Membership dues 1b					
ts,			Fundraising events 1c		-			
Contributions, Gifts, Grants and Other Similar Amounts			Related organizations 1d		-			
S. in			Government grants (contributions) 1e		-			
ţţ		f	All other contributions, gifts, grants, and					
효			similar amounts not included above 1f	906,251.				
ağ O		g	Noncash contributions included in lines 1a-1f 1g \$	287,030.				
<u> ၁</u> မ		h	Total. Add lines 1a-1f		906,251.			
				Business Code				
ĕ	2	а						
Σĕ		b						
Program Service Revenue		С						
am		d				A		
Be		е						
Pro		f	All other program service revenue					
			Total. Add lines 2a-2f					
	3		Investment income (including dividends, int					
			other similar amounts)	*	2,178.	2,178.		
	4		Income from investment of tax-exempt bond					
	5		Royalties	•				
	·		(i) Real	(ii) Personal				
	6	2	Gross rents 6a	(.,,				
			Less: rental expenses 6b					
			Net rental income or (loss)					
	′	а		s (II) Other				
			assets other than inventory 7a					
•		b	Less: cost or other basis					
n de			and sales expenses 7b		-			
Revenue		С	Gain or (loss) 7c					
			Net gain or (loss)					
ther	8	а	Gross income from fundraising events (not					
₫			including \$ of					
			contributions reported on line 1c). See					
			· · · · · · · · · · · · · · · · · · ·	8a				
		b	Less: direct expenses	8b				
		С	Net income or (loss) from fundraising events	3				
	9	а	Gross income from gaming activities. See					
			Part IV, line 19	9a				
				9b				
		С	Net income or (loss) from gaming activities					
	10	а	Gross sales of inventory, less returns					
			and allowances	10a				
		b	Less: cost of goods sold	10b				
		С	Net income or (loss) from sales of inventory					
				Business Code				
sno	11	а						
Miscellaneous Revenue		b						
elle		С						
<u>is</u>			All other revenue					
≥			Total. Add lines 11a-11d					
	12		Total revenue. See instructions		908,429.	2,178.	0.	0.

Form 990 (2023) KELLY CENTER FOR HUNGER RELIEF Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	70,000.	70,000.		
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	334,661.	288,784.	26,572.	19,305.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	32,494.	29,244.	1,625.	1,625.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	13,109.		13,109.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	17,275.	11,768.	5,507.	
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	40 050		10 272	
22	Depreciation, depletion, and amortization	10,373.		10,373.	
23	Insurance	2,844.		2,844.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	JARDIN PRODUCE (IN-KIND	287,030.	287,030.		
b	UTILITIES	22,300.	10,334.	346.	11,620.
С	JARDIN OPERATIONS	22,115.	22,115.		
d	DUES AND SUBSCRIPTIONS	17,194.	464.	6,321.	10,409.
е	All other expenses	32,205.	6,768.	22,333.	3,104.
<u>25</u>	Total functional expenses. Add lines 1 through 24e	861,600.	726,507.	89,030.	46,063.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2023)

Form 990 (2023)
Part X | Balance Sheet

Par	tΧ	Balance Sheet					
		Check if Schedule O contains a response or	note to	any line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			692,552.	1	663,702
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	11,385
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	ubstantia	l contributor, or 35%			
		controlled entity or family member of any of t	these pe	rsons		5	
	6	Loans and other receivables from other disqu	ualified p	ersons (as defined			
		under section 4958(f)(1)), and persons descri				6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges				9	5,253
	10a	Land, buildings, and equipment: cost or other	er				
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10	57,018.			
	b	Less: accumulated depreciation	10	$\frac{47,729}{}$	0.	10c	9,289
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, Iir	ne 11			12	
	13	Investments - program-related. See Part IV, li	ne 11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			100	15	
	16	Total assets. Add lines 1 through 15 (must e			692,552.	16	689,629
	17	Accounts payable and accrued expenses			208.	17	
	18	Grants payable			120 002	18	00 240
	19	Deferred revenue			139,893.	19	90,349
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
es	22	Loans and other payables to any current or for					
Ė		trustee, key employee, creator or founder, su					
Liabilities		controlled entity or family member of any of t				22	
_	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	ines 17-2	4). Complete Part X			
					140 101	25	00 240
	26	Total liabilities. Add lines 17 through 25		⊽ ়	140,101.	26	90,349
S		Organizations that follow FASB ASC 958, o	спеск п	ere X			
nce	07	and complete lines 27, 28, 32, and 33.			552,451.	07	577 120
ala	27				332,431.	27	577,128 22,152
d B	28			h I - I		28	22,132
Ĕ		Organizations that do not follow FASB ASC	C 958, c	neck nere			
ᅙ	00	and complete lines 29 through 33.				00	
jts i	29	Capital stock or trust principal, or current fun				29	
SSE	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			552,451.	31	599,280
ž	32				692,552.	32	689,629
	33	Total liabilities and net assets/fund balances			034,334.	33	Form 990 (202

Form **990** (2023)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>8,4</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,6	
3	Revenue less expenses. Subtract line 2 from line 1	3		6,8	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	55	2,4	<u>51.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	59	9,2	80.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Cash Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		
			Form	990	(2023)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

nformation. Inspection

Employer identification number

OMB No. 1545-0047

-*7018 KELLY CENTER FOR HUNGER RELIEF Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	297,313.	498,620.	562,898.	605,575.	906,251.	2870657.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	297,313.	498,620.	562,898.	605,575.	906,251.	2870657.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included				_		
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						2870657.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	297,313.	498,620.	562,898.	605,575.	906,251.	2870657.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						2870657.
	Gross receipts from related activities,	•				12	
13	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)	
_	organization, check this box and stor						
	ction C. Computation of Publi						100 00
	Public support percentage for 2023 (I			olumn (f))			100.00 %
	Public support percentage from 2022						100.00 %
16a	33 1/3% support test - 2023. If the o			line 13, and line 1	14 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2022. If the o						
	and stop here. The organization qual	•	• •				
1/a	10% -facts-and-circumstances test						
	and if the organization meets the fact			=	•	_	
	meets the facts-and-circumstances te	-				70 and line 15 is 1	
O	10% -facts-and-circumstances test						1U% OF
	more, and if the organization meets the				•		
19	organization meets the facts-and-circu		-	-			H
18	Private foundation. If the organization	on did not check a f	JOA OIT HITE TO, TOE	i, 100, 178, 01 170	, check this box at		(Form 990) 2023

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

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

Section A. Public Support	slow, please comp	Diete Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and	(4,) = 0.10	(2) 2020	(5) 252 :	(4) = 3 = 2	(5) 2525	(1) 1010.
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities				A		
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
	() 0040	(1) 0000	() 0004	(1) 0000	() 0000	(n T
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on						
securities loans, rents, royalties,						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included on line 10b,						
whether or not the business is regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI.)						
	L organization's fi	irot accord third	fourth or fifth tow	l	F01(a)(2) arganizatio	
14 First 5 years. If the Form 990 is for the	•			•		
check this box and stop here Section C. Computation of Publi						
-			(6)		45	
15 Public support percentage for 2023 (I						9
16 Public support percentage from 2022 Section D. Computation of Inves			<u></u>		16	g
•					T I	
17 Investment income percentage for 20						Ç
18 Investment income percentage from 3					18	Ç
19a 33 1/3% support tests - 2023. If the						7 is not
more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly s	upported organiz	ation	<u></u>
b 33 1/3% support tests - 2022. If the	organization did r	not check a box o	n line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	ınd
line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	anization qualifies a	as a publicly supp	orted organization	
20 Private foundation. If the organization						

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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
L	1		
\perp	2		
	За		
	3b		
	3c		
	4a		
	4.		
	4b		
	4 -		
	4c		
	5a		
	Ja		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	401		
	10b	~ 000\	2002

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

obo	dule A (Form 990) 2023 KELLY CENTER FOR HUNGER I	2 F.T. 7	r R R	**-***7018 Page 6
	t V Type III Non-Functionally Integrated 509(a)(3) Supporting		nizations	7010 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifying t			Part VI). See instructions.
-	All other Type III non-functionally integrated supporting organizations must co			
ect	ion A - Adjusted Net Income	,	(A) Prior Year	(B) Current Year (optional)
_	Not should have a self-of-self-	_		(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		
ect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):		A	
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
			.	

1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
			And True III arramantina arrama	-iti /

_ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2023

Current Year

Minimum Asset Amount (add line 7 to line 6)

Section C - Distributable Amount

2	Underdistributions, if any, for years prior to 2023 (reason-	_	
	able cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
е	From 2022		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i_	Carryover from 2018 not applied (see instructions)		
<u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D,		
	line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, if		
	any. Subtract lines 3g and 4a from line 2. For result greater		
	than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2023. Subtract lines 3h		
	and 4b from line 1. For result greater than zero, explain in		
	Part VI. See instructions.		
7	Excess distributions carryover to 2024. Add lines 3j		
	and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		
		C-	hadula A (Farm 000) 0002

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

Schedule B

(Form 990)

Schedule of Contributors

OMB No. 1545-0047

2023

-*7018

Department of the Treasury Internal Revenue Service Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

Name of the organization

KELLY CENTER FOR HUNGER RELIEF

Employer identification number

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the **General Rule** or a **Special Rule**. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. 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

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

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

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

KELLY CENTER FOR HUNGER RELIEF

-*7018

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	7010
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JARDIN DE MILAGROS 496 WALLACE ROAD ANTHONY, NM 88021	\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	PASO DEL NORTE HEALTH FOUNDATION 221 N KANSAS ST EL PASO , TX 79901	\$ 142,450.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	EL PASOANS FIGHTING HUNGER FOOD BANK 9541 PLAZA CIRCLE EL PASO , TX 79927	\$ <u>121,429</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	EL PASO COMMUNITY FOUNDATION 333 N OREGON ST EL PASO , TX 79901	\$35,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	EL PASO ELECTRIC PO BOX 982 EL PASO , TX 79960	\$30,425.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	PASO DEL NORTE COMMUNITY FOUNDATION 221 N KANSAS ST EL PASO , TX 79901	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023) Page **3**

Name of organization

Employer identification number

KELLY CENTER FOR HUNGER RELIEF

-*7018

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
	PRODUCE		
-		\$ 287,030.	12/31/23
(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	(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
— ·		·	
	(b)	(c) FMV (or estimate)	(d) Date received
(a) No. from Part I	Description of noncash property given	(See instructions.)	
No. from	Description of noncash property given	(See instructions.)	

Schedule B (Form 990) (2023) Page **4**

Name of organization **Employer identification number** **-***7018 KELLY CENTER FOR HUNGER RELIEF 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 info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

KELLY CENTER FOR HUNGER RELIEF

Employer identification number **-***7018

Total number at end of year Captropart	Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the
1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of contributions to (during year) 4 Aggregate value of of parts from (during year) 5 Did the organization inform all chorors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring imparimashible private benefit? Part II		organization answered Tee our our coo, Farry, in		(b) Funds and other accounts
2 Aggregate value of contributions to (during year) 4 Aggregate value at and of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advisor further organization inform all donors and donor advisors in writing that grant funds can be used only for charatable purposes and not for the benefit of the donor of donor advisors in writing that grant funds can be used only for charatable purposes and not for the benefit of the donor of noon advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Tassements. Complete if the organization answered "Yea" on Form 1990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization or education) Preservation of a historically important land area Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of open space 2 Complete lines 2 a through 2 dif the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 4 Total number of conservation easements 5 Total acreage restricted by conservation easements 6 Number of conservation easements included on line 2 a coulted after 1/lly 25, 2006, and not on a historic structure listed in the National Register 7 Number of conservation easements included on line 2 a coulted after 1/lly 25, 2006, and not on a historic structure listed in the National Register 8 Does the organization have a written policy regarding the periodic maniforing, inspection, handling of violations, and enforcement of the conservation easements in located 5 Does the organization have a written policy regarding the periodic maniforing, inspection, handling of violations, and enforcing conservation easement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in the organization	1	Total number at end of year	,	
3 Aggregate value of grants from (during year) 4 Aggregate value at and of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization is property, subject to the organization's exclusive legal control? Or Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Pert III Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check at that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of part and part and preservation of part and part and preservation of a conservation easement on the last day of the tax year. 2 Complete lines 2 at through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements 2a				
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are the organization's property, subject to the organization's exclusive legal control?	5		vriting that the assets held in donor advis-	ed funds
6 Did the organization inform all grantees, denors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impormissible private benefit? Part III Conservation Easements held by the organization check all that apply. Preservation of a land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of open space Preservation of open space Preservation of open space Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the figm of a conservation easement on the last day of the tax year. Held at the End of the Tax Year A total number of conservation easements 2a 2a 2b 2d 2d 2d 2d 2d 2d 2d		-	-	
for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply).	6			
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of and for public use (for example, recreation or education) Preservation of a historically important land area Preservation of natural habitat Preservation of open space Preservation of open space Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. A Total number of conservation easements Preservation Pre				
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Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 3 Total number of conservation easements	1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
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2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 8 Total number of conservation easements 9 Total acreage restricted by conservation easements 10 Number of conservation easements on a certified historic structure included on line 2a 11 Number of conservation easements included on line 2a acquired after July 25, 2006, and not on a historic structure listed in the National Register 12 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 12 Number of states where property subject to conservation easements is located 13 Number of states where property subject to conservation easements is located 15 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 14 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcement of the conservation easements and balance sheet, and include, if applicable, the text of the footnote to the organization's accounting for conservation easements. 15 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(ii) 16 If the organization's accounting for conservation easements. 17 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. 18 Complete if the organization answered Yes' on Form 990, Part IV, line 8. 19 If the organization elected, as permitted under FASB ASC 958, not report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 15 If the organization elected, as permitted under FASB ASC 958, not repor		Protection of natural habitat	Preservation of	a certified historic structure
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b Total acreage restricted by conservation easements on a certified historic structure included on line 2a		day of the tax year.		Held at the End of the Tax Year
c Number of conservation easements on a certified historic structure included on line 2a d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 4 Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(iii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, educat	а	Total number of conservation easements		2a
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and section 170(h)(4)(B)(ii)?				g ,
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Schedule D (Form 990) 2023

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

	t III Organizations Maintaining Col	loctions of Art			r Othor S	imilar Acc	0±0		age 🚣
		-					100	nued)	
3	Using the organization's acquisition, accession	, and other records,	, check any of the f	following that	: make signi	ficant use of	its		
	collection items (check all that apply).								
а	Public exhibition	d	Loan or exc	hange progra	am				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's colle	ections and explain	how they further th	ne organizatio	n's exempt	purpose in P	art XIII.		
5	During the year, did the organization solicit or r	eceive donations of	art, historical treas	sures, or othe	er similar as	sets			_
	to be sold to raise funds rather than to be main						Yes		No
Pai	t IV Escrow and Custodial Arrange reported an amount on Form 990, Part 3		e if the organization	n answered "`	Yes" on For	m 990, Part I'	V, line 9, or		
10	Is the organization an agent, trustee, custodian	•	on, for contribution	o or other co	aata nat ina	dudad			
ıa			-				Yes		7 N.
	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII an						res	L	_ No
D	ii res, explain the arrangement in Part XIII an	a complete the folic	owing table.				Amoun	+	
_	Denimina halana					4-	Amoun		
C	Beginning balance					1c			
	Additions during the year					1d			
e	Distributions during the year					1e			
f	Ending balance								7
	Did the organization include an amount on Form				•	·	Yes	H	∐ No
	If "Yes," explain the arrangement in Part XIII. C TO Endowment Funds Complete if the								
ı uı	==::	(a) Current year	(b) Prior year	(c) Two year		Three years ba	ack (e) Fou	r veare	hack
4.		(a) Current year	(b) Filor year	(C) TWO year	S Dack (u)	Tillee years be	10K (E) 10u	years	Dack
1a	Beginning of year balance	+							
b	Contributions								
С	Net investment earnings, gains, and losses	+							
d	Grants or scholarships	+							
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curren) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
С	Term endowment%								
	The percentages on lines 2a, 2b, and 2c should	•							
3a	Are there endowment funds not in the possess	ion of the organizat	ion that are held ar	nd administer	ed for the		1		
	organization by:							Yes	No
	(i) Unrelated organizations?						3a(i)		
							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ons listed as require	d on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the or		ment funds.						
Pai	t VI Land, Buildings, and Equipmen								
	Complete if the organization answered	'Yes" on Form 990,	Part IV, line 11a. S	ee Form 990	, Part X, line	e 10.			
	Description of property	(a) Cost or oth	, ,	or other		umulated	(d) Boo	k valu	е
		basis (investme	ent) basis	(other)	depre	ciation			
1a	Land								
b	Buildings								
С	Leasehold improvements								
d	Equipment		5	7,018.	4	7,729.		9,2	<u>89.</u>
_	Othor	I							

Schedule D (Form 990) 2023

9,289.

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

Schedule D (Form 990) 2023 KELLY CENTE	R FOR HUNGER	RELIEF	**-***7018 Page
Part VII Investments - Other Securities	011 1101(0111		. c = c + ugc
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col	(B))		

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, line 25, col. (R))	

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

Schedule D (Form 990) 2023

che	edule D (Form 990) 2023 KELLY CENTER FOR HUNGER F	RELIEF	**_**	*7018 Page
Pai	rt XI Reconciliation of Revenue per Audited Financial Stater	ments With Revenue pe	r Return	<u> </u>
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	12a.		
1	Total revenue, gains, and other support per audited financial statements		1	908,429.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b				
С	Recoveries of prior year grants	I I		
	Other (Describe in Part XIII.)			
	Add lines 2a through 2d	•	2e	0.
3	Subtract line 2e from line 1			908,429.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)			
	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	908,429.
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ements With Expenses	per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	12a.		
1	Total expenses and losses per audited financial statements		1	861,600.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	A		
а	Donated services and use of facilities	2a		
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)			
	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			861,600.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990. Part VIII. line 7h	42		

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

b Other (Describe in Part XIII.) c Add lines 4a and 4b

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

PART X, LINE 2:

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE ORGANIZATION AND RECOGNIZE A TAX LIABILITY (OR ASSET) IF THE ORGANIZATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE IRS. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE ORGANIZATION AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2023, NO UNCERTAIN POSITIONS HAVE BEEN TAKEN OR ARE EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

Schedule D (Form 990) 2023

4c

Schedule D	(Form 990) 2023 RELLI CENTER	FOR HUNG.	CK KELIEL	~~-~~/018	Page 5
Part XIII	Supplemental Information (continued)				
	(continued)				

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Inspection Employer identification number

	KELLY CENTER	FOR H	UNGER REL	[EF	**_*	**70	18	
Pai	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	eterminin	_	 ;
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7								
8	Boats and planes Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
40	trust interests							
12	Securities - Miscellaneous							—
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts			227 222				
25	Other (IN KIND FOOD DO)	X	0	287,030.	F'MV			
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz							
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29		<u> </u>		
							/es	No
30a	During the year, did the organization receive by		• • • • •	· · · · · · · · · · · · · · · · · · ·				
	must hold for at least 3 years from the date of	the initial co	ntribution, and whi	ch isn't required to be used f	or			
	exempt purposes for the entire holding period?	?				30a		_X_
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	oolicy that re	quires the review of	of any nonstandard contributi	ons?	31		_X_
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash				
	contributions?					32a		_X_
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) foi	a type of property	for which column (a) is chec	ked,			
	describe in Part II.							

332141 09-11-23

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

Schedule M (Form 990) 2023

332142 09-11-23

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

KELLY CENTER FOR HUNGER RELIEF

Employer identification number **-***7018

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
SECURITY RELATED POLICIES AND PRACTICES IN OUR REGION AND BEYOND.
FORM 990, PART VI, SECTION B, LINE 11B:
THE ORGANIZATION PROVIDES A DRAFT COPY OF THE FORM 990 TO EACH MEMBER OF
ITS GOVERNING BOARD. AFTER THE BOARD MEMBERS REVIEW THE RETURN, IT IS THEN
FILED.
FORM 990, PART VI, SECTION B, LINE 12C:
ON AN ANNUAL BASIS, MANAGEMENT REQUESTS EACH BOARD MEMBER AND ALL EMPLOYEES
TO FILL OUT A CONFLICT OF INTEREST QUESTIONNAIRE. MANAGEMENT THEN REVIEWS
THE RESPONSES AND IF THERE IS ANY NONCOMPLIANCE IT WILL BE RESEARCHED AND
RESOLVED. ANY POTENTIAL CONFLICTS ARE ALSO MONITORED DURING MONTHLY BOARD
MEETINGS.
FORM 990, PART VI, SECTION C, LINE 18:
THE ORGANIZATION'S FORM 990 IS MADE AVAILABLE TO THE PUBLIC AT THE
ORGANIZATION'S WEBSITE OR UPON REQUEST.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES ITS DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST
PART XIII LINE 2C
THE OVERSIGHT PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

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

Schedule O (Form 990) 2023