

Inspire Brands
Foundation, Inc.

For the Year Ended
December 31, 2020

TAX RETURNS



SMITH+HOWARD
CPAs and Advisors

INSPIRE BRANDS FOUNDATION, INC.
INSTRUCTIONS FOR FILING
FORM 8879-EO
IRS E-FILE SIGNATURE AUTHORIZATION FOR FORM 990
FOR THE YEAR ENDED DECEMBER 31, 2020

THE ORIGINAL IRS E-FILE SIGNATURE AUTHORIZATION FORM SHOULD BE SIGNED (USE FULL NAME) AND DATED BY AN AUTHORIZED OFFICER OF THE ORGANIZATION.

RETURN YOUR SIGNED IRS E-FILE SIGNATURE AUTHORIZATION FORM 8879-EO TO:

SMITH & HOWARD, P.C.
271 17TH STREET, NW SUITE 1600
ATLANTA GA 30363

THERE IS NO TAX DUE WITH THE FILING OF THIS RETURN.

AN ADDITIONAL COPY OF THE RETURN SHOULD BE FILED WITH:
GEORGIA DEPARTMENT OF REVENUE
P.O. BOX 740395
ATLANTA, GA 30374-0395

DO NOT SEPARATELY FILE FORM 990 WITH THE INTERNAL REVENUE SERVICE. DOING SO WILL DELAY THE PROCESSING OF YOUR RETURN. WE MUST RECEIVE YOUR SIGNED FORM BEFORE WE CAN ELECTRONICALLY TRANSMIT YOUR RETURN, WHICH IS DUE ON OR BEFORE NOVEMBER 15, 2021. WE WOULD APPRECIATE YOU RETURNING THIS FORM AS SOON AS POSSIBLE AS THIS WILL EXPEDITE THE PROCESSING OF YOUR RETURN. THE INTERNAL REVENUE SERVICE WILL NOTIFY US WHEN YOUR RETURN IS ACCEPTED. YOUR RETURN IS NOT CONSIDERED FILED UNTIL THE INTERNAL REVENUE SERVICE CONFIRMS THEIR ACCEPTANCE, WHICH MAY OCCUR AFTER THE DUE DATE OF YOUR RETURN.

PUBLIC INSPECTION COPY

**IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

For calendar year 2020, or fiscal year beginning _____, 2020, and ending _____, 20 _____

▶ **Do not send to the IRS. Keep for your records.**▶ **Go to www.irs.gov/Form8879EO for the latest information.****2020**

Name of exempt organization or person subject to tax

INSPIRE BRANDS FOUNDATION, INC.

Taxpayer identification number

58-1692997

Name and title of officer or person subject to tax

DANTON NOLAN, TREASURER**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do 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 ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12).	1b <u>11993911.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9).	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22).	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c).	5b _____
6a Form 990-T check here ▶ <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4).	6b _____
7a Form 4720 check here ▶ <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1).	7b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above organization or ☐ I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal 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 SMITH & HOWARD, P.C. to enter my PIN 1 7 2 3 9 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2020 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 organization, I will enter my PIN as my signature on the tax year 2020 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 ▶ _____

Date ▶ 11/15/2021**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.

6 7 9 8 3 8 5 8 1 2 5

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 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 ▶ _____

Date ▶ 11/15/2021**ERO Must Retain This Form - See Instructions****Do Not Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2020)

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2020

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.Open to Public
Inspection

A For the 2020 calendar year, or tax year beginning , 2020, and ending , 20																										
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization INSPIRE BRANDS FOUNDATION, INC.</td> <td>D Employer identification number 58-1692997</td> </tr> <tr> <td colspan="2">Doing business as</td> <td rowspan="3">E Telephone number (678) 514-5151</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td colspan="2">THREE GLENLAKE PARKWAY</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code ATLANTA, GA 30328</td> <td>G Gross receipts \$ 15,912,555.</td> </tr> <tr> <td colspan="2">F Name and address of principal officer: DANTON NOLAN THREE GLENLAKE PARKWAY, ATLANTA, GA 30328</td> <td> H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions. </td> </tr> <tr> <td colspan="2"> I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 </td> <td>H(c) Group exemption number ▶</td> </tr> <tr> <td colspan="2">J Website: ▶ WWW.FOUNDATION.INSPIREBRANDS.COM</td> <td></td> </tr> <tr> <td colspan="2"> K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ </td> <td>L Year of formation: 1986 M State of legal domicile: GA</td> </tr> </table>	C Name of organization INSPIRE BRANDS FOUNDATION, INC.		D Employer identification number 58-1692997	Doing business as		E Telephone number (678) 514-5151	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	THREE GLENLAKE PARKWAY		City or town, state or province, country, and ZIP or foreign postal code ATLANTA, GA 30328		G Gross receipts \$ 15,912,555.	F Name and address of principal officer: DANTON NOLAN THREE GLENLAKE PARKWAY, ATLANTA, GA 30328		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶	J Website: ▶ WWW.FOUNDATION.INSPIREBRANDS.COM			K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1986 M State of legal domicile: GA
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Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE INSPIRE BRANDS FOUNDATION IGNITES AND NOURISHES CHANGE FOR GOOD.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	13.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7.
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	13.
	6 Total number of volunteers (estimate if necessary)	6	131.
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 10,684,154.	Current Year 11,532,297.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	204,787.	368,656.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-85,673.	92,958.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,803,268.	11,993,911.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	8,441,375.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,105,704.	1,429,458.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 858,229.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,387,098.	1,029,026.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		10,934,177.	10,152,692.
19 Revenue less expenses. Subtract line 18 from line 12		-130,909.	1,841,219.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 11,095,916.	End of Year 11,528,068.
	21 Total liabilities (Part X, line 26)	3,369,116.	1,652,237.
	22 Net assets or fund balances. Subtract line 21 from line 20	7,726,800.	9,875,831.

Part II Signature Block

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

Sign Here	 Signature of officer		11/15/2021 Date	
	DANTON NOLAN Type or print name and title		TREASURER	
Paid Preparer Use Only	Print/Type preparer's name MARC A AZAR		Preparer's signature	
	Date 11/15/2021		Check <input type="checkbox"/> if self-employed PTIN P91739349	
	Firm's name ▶ SMITH & HOWARD, P.C.		Firm's EIN ▶ 58-1250486	
	Firm's address ▶ 271 17TH STREET, NW SUITE 1600 ATLANTA, GA 30363		Phone no. 404-874-6244	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2020)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ Yes ☒ No**1** Briefly describe the organization's mission:

ATTACHMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ 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 ☒ 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 \$ 466,927. including grants of \$ 466,927.) (Revenue \$)

BOYS & GIRLS CLUBS OF AMERICA (BGCA): WE CONTRIBUTE FUNDS TO SUPPORT BGCA, AN ORGANIZATION THAT ENABLES ALL YOUNG PEOPLE TO REACH THEIR FULL POTENTIAL AS PRODUCTIVE, CARING, RESPONSIBLE CITIZENS. OUR FUNDING SUPPORTS YOUTH SPORTS PROGRAMS THAT BUILD CHARACTER AND PROMOTE A HEALTHY LIFESTYLE, ALIGNING WITH OUR MISSION TO BUILD COMMUNITIES WHERE ALL KIDS CAN THRIVE, COMPETE, AND BELONG TO A TEAM.

4b (Code:) (Expenses \$ 1,545,456. including grants of \$ 1,545,456.) (Revenue \$)

SHARE OUR STRENGTH: WE CONTRIBUTE FUNDS TO SUPPORT NO KID HUNGRY, A NATIONAL CAMPAIGN RUN BY SHARE OUR STRENGTH FOCUSED ON ENDING CHILDHOOD HUNGER. THESE FUNDS GO TOWARDS PROGRAMS AND INITIATIVES THAT ALIGN WITH OUR CORE PILLAR OF FIGHTING CHILDHOOD HUNGER.

4c (Code:) (Expenses \$ 307,700. including grants of \$ 307,700.) (Revenue \$)

BIG BROTHERS BIG SISTERS OF AMERICA (BBBS): WE CONTRIBUTE FUNDS TO SUPPORT BBBS OF AMERICA, A YOUTH-SERVING ORGANIZATION THAT HELPS CHILDREN REALIZE THEIR POTENTIAL AND BUILD THEIR FUTURE. OUR FUNDS SUPPORT INITIATIVES AND PROGRAMS THAT PROVIDE ADULT VOLUNTEER MENTORS TO CHILDREN ACROSS THE COUNTRY, ALIGNING WITH OUR CORE PILLAR OF YOUTH LEADERSHIP.

4d Other program services (Describe on Schedule O.) ATTACHMENT 2

(Expenses \$ 6,176,279. including grants of \$ 5,374,125.) (Revenue \$)

4e Total program service expenses 8,496,362.

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.	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	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.		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.		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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.		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.		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.		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	X	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V.		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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	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.		X
c Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.		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.		X
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.		X
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.		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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.	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		X
25b 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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II.</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 13		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		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		
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)?		X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).		
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?	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
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 sponsoring organization have excess business holdings at any time during the year?		
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12 10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11 Section 501(c)(12) organizations. Enter:		
a 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.) 11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? 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 13b		
c Enter the amount of reserves on hand 13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

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****Section 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	13	
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.	7	
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?	<input checked="" type="checkbox"/> 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?		<input checked="" type="checkbox"/> X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<input checked="" type="checkbox"/> X	
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/> X
6 Did the organization have members or stockholders?		<input checked="" type="checkbox"/> 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?	<input checked="" type="checkbox"/> X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/> X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	<input checked="" type="checkbox"/> X	
b Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/> 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.		<input checked="" type="checkbox"/> X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/> 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?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/> X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/> X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/> X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<input checked="" type="checkbox"/> X	
13 Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/> X	
14 Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/> 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?		
a The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/> X	
b Other officers or key employees of the organization	<input checked="" type="checkbox"/> X	
If "Yes" to line 15a or 15b, describe the process in 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?		<input checked="" type="checkbox"/> 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?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► ATTACHMENT 3

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) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ 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 financial 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 ►
 RYAN VAN SICKLE THREE GLENLAKE PARKWAY ATLANTA, GA 30328 678-514-5151

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) STUART BROWN EXECUTIVE DIRECTOR	40.00 0.			X				199,783.	0.	27,931.
(2) EMILY CRAWFORD DIR. IMPACT & COMM.	40.00 0.					X		138,179.	0.	12,799.
(3) UTA BELVIN SR. MANAGER, FINANCE	40.00 0.					X		115,906.	0.	21,303.
(4) CHRIS FULLER CHAIRMAN	2.00 40.00	X		X				0.	0.	0.
(5) DANTON NOLAN VICE CHAIRMAN/TREASURER	2.00 40.00	X		X				0.	0.	0.
(6) CHRIS HELD SECRETARY	2.00 40.00	X		X				0.	0.	0.
(7) PATTY TUCKER EXECUTIVE COMMITTEE	1.00 0.	X		X				0.	0.	0.
(8) LYLE TICK TRUSTEE	1.00 40.00	X						0.	0.	0.
(9) DAVID POWELL TRUSTEE	1.00 0.	X						0.	0.	0.
(10) ANTONIO MACHADO TRUSTEE	1.00 0.	X						0.	0.	0.
(11) JIM TAYLOR TRUSTEE	1.00 40.00	X						0.	0.	0.
(12) ED BAKER TRUSTEE	1.00 0.	X						0.	0.	0.
(13) BILL BOLLING TRUSTEE	1.00 0.	X						0.	0.	0.
(14) TRAVIS MURPHY TRUSTEE	1.00 0.	X						0.	0.	0.

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) CLAUDIA SAN PEDRO ----- TRUSTEE	1.00 40.00	X						0.	0.	0.
(16) MARSHALL FREEMAN ----- TRUSTEE	1.00 0.	X						0.	0.	0.

1b Sub-total								453,868.	0.	62,033.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								453,868.	0.	62,033.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **3**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	1,879,179.			
	d	Related organizations	1d	405,000.			
	e	Government grants (contributions) . .	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	9,248,118.			
	g	Noncash contributions included in lines 1a-1f.	1g	\$ 116,498.			
	h	Total. Add lines 1a-1f		11,532,297.			
	Program Service Revenue				Business Code		
2a							
b							
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		0.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts).		157,881.			157,881.
	4	Income from investment of tax-exempt bond proceeds . .		0.			
	5	Royalties		0.			
	6a	Gross rents	6a	(i) Real	(ii) Personal		
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)		0.			
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other		
	b	Less: cost or other basis and sales expenses	7b				
	c	Gain or (loss)	7c				
	d	Net gain or (loss)		210,775.			210,775.
	8a	Gross income from fundraising events (not including \$ 1,879,179. of contributions reported on line 1c). See Part IV, line 18	8a	162,174.			
	b	Less: direct expenses	8b	69,216.			
	c	Net income or (loss) from fundraising events.		92,958.			92,958.
	9a	Gross income from gaming activities. See Part IV, line 19	9a	0.			
	b	Less: direct expenses	9b	0.			
	c	Net income or (loss) from gaming activities.		0.			
10a	Gross sales of inventory, less returns and allowances	10a	0.				
b	Less: cost of goods sold	10b	0.				
c	Net income or (loss) from sales of inventory.		0.				
Miscellaneous Revenue				Business Code			
	11a						
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		0.			
12	Total revenue. See instructions			11,992,911.			461,614.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 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	7,694,208.	7,694,208.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	227,929.	92,201.	79,206.	56,522.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	1,033,607.	418,110.	359,182.	256,315.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	13,808.	5,586.	4,798.	3,424.
9 Other employee benefits	66,746.	27,000.	23,194.	16,552.
10 Payroll taxes	87,368.	35,342.	30,361.	21,665.
11 Fees for services (nonemployees):				
a Management	0.			
b Legal	36,951.		36,951.	
c Accounting	42,407.		42,407.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	54,679.		54,679.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	185,168.	113,028.	71,720.	420.
12 Advertising and promotion	0.			
13 Office expenses	129,656.	22,205.	45,297.	62,154.
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	20,538.	5,711.	9,116.	5,711.
17 Travel	0.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	8,422.		8,422.	
23 Insurance	0.			
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 O.)				
a RESTAURANT FUNDRAISING	434,856.			434,856.
b IMPACT AND AWARENESS	77,647.	44,269.	32,768.	610.
c COMMUNITY ENGAGEMENT	38,702.	38,702.		
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	10,152,692.	8,496,362.	798,101.	858,229.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,120,310.	1	3,178,358.
	2 Savings and temporary cash investments.	542,373.	2	793,912.
	3 Pledges and grants receivable, net	0.	3	0.
	4 Accounts receivable, net.	1,392,709.	4	988,110.
	5 Loans and other receivables from 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	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	129,827.	9	17,441.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 86,688.		
	b Less: accumulated depreciation.	10b 52,403.		
		14,985.	10c	34,285.
	11 Investments - publicly traded securities.	7,895,712.	11	6,515,962.
	12 Investments - other securities. See Part IV, line 11.	0.	12	0.
	13 Investments - program-related. See Part IV, line 11.	0.	13	0.
	14 Intangible assets	0.	14	0.
15 Other assets. See Part IV, line 11	0.	15	0.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	11,095,916.	16	11,528,068.	
Liabilities	17 Accounts payable and accrued expenses.	240,987.	17	311,157.
	18 Grants payable	3,128,129.	18	1,341,080.
	19 Deferred revenue.	0.	19	0.
	20 Tax-exempt bond liabilities.	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
	22 Loans and other 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	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties.	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	0.
	26 Total liabilities. Add lines 17 through 25.	3,369,116.	26	1,652,237.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	7,726,800.	27	8,769,701.
	28 Net assets with donor restrictions.	0.	28	1,106,130.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund.		30	
	31 Retained earnings, endowment, accumulated income, or other funds.		31	
	32 Total net assets or fund balances	7,726,800.	32	9,875,831.
	33 Total liabilities and net assets/fund balances.	11,095,916.	33	11,528,068.

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Part XI Reconciliation of Net AssetsCheck 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	11,993,911.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,152,692.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,841,219.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,726,800.
5	Net unrealized gains (losses) on investments	5	307,812.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
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	9,875,831.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII. ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . .		

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SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

INSPIRE BRANDS FOUNDATION, INC.

Employer identification number

58-1692997

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.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ 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: _____
- 5 ☐ 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)**.
- 7 ☒ 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.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ 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 university: _____
- 10 ☐ An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **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.**
- 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.**
- 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.**
- d ☐ **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.**
- e ☐ 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.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2020

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,363,553.	7,398,980.	7,686,694.	10,684,154.	11,532,297.	43,665,678.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3.	6,363,553.	7,398,980.	7,686,694.	10,684,154.	11,532,297.	43,665,678.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						1,188,870.
6 Public support. Subtract line 5 from line 4						42,476,808.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4.	6,363,553.	7,398,980.	7,686,694.	10,684,154.	11,532,297.	43,665,678.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	209,481.	204,410.	241,963.	253,016.	157,881.	1,066,751.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11 Total support. Add lines 7 through 10						44,732,429.
12 Gross receipts from related activities, etc. (see instructions)					12	1,361,411.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	94.96 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	90.65 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization.		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
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

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 in 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.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . ☐

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in line 11a above?		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11a		
11b		
11c		

Section 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.		
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.		
1		
2		

Section 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		

Section 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?		
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).		
3 By reason of the relationship described in 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.		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

	Yes	No
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):	1e		
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		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <input type="checkbox"/> 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 or 990-EZ) 2020

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
c	From 2017			
d	From 2018			
e	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2016			
b	Excess from 2017			
c	Excess from 2018			
d	Excess from 2019			
e	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

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

Schedule of Contributors

OMB No. 1545-0047

2020

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

Name of the organization

INSPIRE BRANDS FOUNDATION, INC.

Employer identification number

58-1692997

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

General Rule

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

Special Rules

☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **INSPIRE BRANDS FOUNDATION, INC.**Employer identification number
58-1692997**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A	\$ 631,650.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A	\$ 405,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **INSPIRE BRANDS FOUNDATION, INC.****Employer identification number**

58-1692997

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
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization **INSPIRE BRANDS FOUNDATION, INC.**

Employer identification number

58-1692997

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

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(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

Name of the organization

INSPIRE BRANDS FOUNDATION, INC.

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.

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Inspection

Employer identification number

58-1692997

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year) . .		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 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? ☐ Yes ☐ No

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 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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 answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1. ▶ \$ _____

(ii) Assets included in Form 990, Part X. ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1. ▶ \$ _____

b Assets included in Form 990, Part X. ▶ \$ _____

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Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a** ☒ Public exhibition **d** ☒ Loan or exchange program
b ☐ Scholarly research **e** ☐ Other _____
c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☒ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ _____ %
c Term endowment ▶ _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) Unrelated organizations	3a(i)	
(ii) Related organizations	3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		86,688.	52,403.	34,285.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				34,285.

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Part VII Investments - Other Securities.

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. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶		

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. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) _____	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, 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, col. (B) line 25.) ▶	

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	12,368,735.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	307,812.
b	Donated services and use of facilities	2b	52,475.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	69,216.
e	Add lines 2a through 2d	2e	429,503.
3	Subtract line 2e from line 1	3	11,939,232.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	54,679.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	54,679.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	11,993,911.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

1	Total expenses and losses per audited financial statements	1	10,219,704.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	52,475.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	69,216.
e	Add lines 2a through 2d	2e	121,691.
3	Subtract line 2e from line 1	3	10,098,013.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	54,679.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	54,679.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	10,152,692.

Part XIII Supplemental Information.

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

SEE PAGE 5

Part XIII Supplemental Information (continued)

PART III, LINE 1A

COLLECTIONS ACQUIRED THROUGH PURCHASES ARE NOT RECORDED AS ASSETS ON THE STATEMENTS OF FINANCIAL POSITION. PURCHASES OF A COLLECTION ARE RECORDED AS A DECREASE IN UNRESTRICTED NET ASSETS IN THE YEAR IN WHICH THE COLLECTIONS ARE ACQUIRED. CONTRIBUTED COLLECTIONS ARE NOT REFLECTED ON THE FINANCIAL STATEMENTS.

PART III, LINE 4

THE FOUNDATION ACQUIRED A HAT THAT IS CONSIDERED A COLLECTIBLE. THE HAT HAS BEEN USED AND WILL CONTINUE TO BE USED AS A PUBLIC AWARENESS INITIATIVE FOR THE ARBY'S FOUNDATION. IT HAS TRAVELED ON A PUBLICITY TOUR INCLUDING A TEMPORARY EXHIBIT AT THE NEWSEUM IN WASHINGTON, D.C. AND THE GRAMMY MUSEUM IN LOS ANGELES. WHEN ON TOUR, THE HAT HELPS TO INCREASE AWARENESS FOR THE FOUNDATION'S MISSION.

PART V, LINE 4

THE INTENDED USE OF THE INSPIRE BRANDS FOUNDATION, INC RESERVE FUND IS TO PROVIDE FINANCIAL RESOURCES TO FURTHER THE ORGANIZATION'S TAX EXEMPT PURPOSE ON BEHALF OF THE ARBY'S FOUNDATION OPERATING DIVISION.

PART X, LINE 2

THE FOUNDATION IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS BEING EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE "IRC") AS A PUBLICLY SUPPORTED ORGANIZATION. GAAP REQUIRES AN ASSET AND LIABILITY APPROACH TO FINANCIAL ACCOUNTING AND REPORTING FOR INCOME TAXES. DEFERRED INCOME TAX ASSETS AND LIABILITIES ARE COMPUTED ANNUALLY FOR THE DIFFERENCE BETWEEN

Part XIII Supplemental Information *(continued)*

THE FINANCIAL STATEMENT AND TAX BASIS OF ASSETS AND LIABILITIES THAT WILL RESULT IN TAXABLE OR DEDUCTIBLE AMOUNTS IN THE FUTURE, BASED ON ENACTED TAX LAWS AND RATES. VALUATION ALLOWANCES ARE ESTABLISHED WHEN NECESSARY TO REDUCE THE DEFERRED INCOME TAX ASSETS TO AN AMOUNT THAT IS MORE LIKELY THAN NOT TO BE REALIZED. THE FOUNDATION IS SUBJECT TO IRC SECTION 511(A) FOR INCOME TAXES ON UNRELATED BUSINESS INCOME.

THE FOUNDATION RECOGNIZES THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY THE TAXING AUTHORITY, BASED ON THE TECHNICAL MERITS OF THE POSITION. AS OF DECEMBER 31, 2020, THERE ARE NO KNOWN ITEMS WHICH RESULT IN RECORDING A LIABILITY RELATED TO UNCERTAIN TAX POSITIONS. TAX YEARS 2017 THROUGH 2020 REMAIN SUBJECT TO EXAMINATION BY MAJOR TAX JURISDICTIONS (US FEDERAL, STATE AND LOCAL AUTHORITIES).

PART XI & XII, LINE 2D

FUNDRAISING EVENT EXPENSES \$(69,216)

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

INSPIRE BRANDS FOUNDATION, INC.

Employer identification number

58-1692997

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | |
|--|---|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |

- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				▶		

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL, AK, AR, CA, CO, CT, FL, GA, HI, IL,
KS, KY, ME, MD, MA, MI, MN, MS, NV, NH, NJ, NM, NY, NC, ND, OH,
OK, OR, PA, SC, TN, UT, VA, WA, WV, WI,

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		PARTNER PROGRAM (event type)	(event type)	(total number)	
Revenue	1 Gross receipts	2,041,353.			2,041,353.
	2 Less: Contributions	1,879,179.			1,879,179.
	3 Gross income (line 1 minus line 2)	162,174.			162,174.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	9,500.			9,500.
	7 Food and beverages	31,225.			31,225.
	8 Entertainment				
	9 Other direct expenses	28,491.			28,491.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				69,216.
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				92,958.	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c** If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV

Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

INSPIRE BRANDS FOUNDATION, INC.

Employer identification number

58-1692997

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) SHARE OUR STRENGTH 1030 15TH STREET NW, SUITE 1100W	52-1367538	501 (C) 3	1,545,456.				MISSION SUPPORT
(2) BOYS & GIRLS CLUBS OF AMERICA 1275 PEACHTREE ST ATLANTA, GA 30309	13-5562976	501 (C) 3	466,927.	435.			MISSION SUPPORT
(3) BIG BROTHERS BIG SISTERS OF AMERICA 2502 ROCKY POINT DRIVE SUITE 550	23-1365190	501 (C) 3	307,700.				MISSION SUPPORT
(4) CLEVELAND BROWNS FOUNDATION 76 LOU GROZA BLVD BERE A, OH 44017	34-1885593	501 (C) 3	117,200.	60.			MISSION SUPPORT
(5) THE JAMES BEARD FOUNDATION, INC. 167 WEST 12TH STREET NEW YORK, NY 10011	13-2752108	501 (C) 3	101,900.				MISSION SUPPORT
(6) YOUTH IMPROVED INCORPORATED (DBA GENYOUTH F 10255 W HIGGINS RD, STE 900	27-0988546	501 (C) 3	100,000.				MISSION SUPPORT
(7) DEFENDING THE BLUE LINE DBA UNITED HEROES L 15211 RAVENNA TRAIL HASTINGS, MN 55033	27-0711063	501 (C) 3	99,900.	273.			MISSION SUPPORT
(8) MIDWEST FOOD BANK NFP (INDIANA) 6450 S BELMONT AVE INDIANAPOLIS, IN 46217	41-2120170	501 (C) 3	85,200.				MISSION SUPPORT
(9) KIDS' FOOD BASKET 1300 PLYMOUTH AVE NE GRAND RAPIDS, MI 49505	04-3760991	501 (C) 3	80,200.				MISSION SUPPORT
(10) BOYS & GIRLS CLUBS OF OKLAHOMA COUNTY 3700 N CLASSEN BLVD	73-1472202	501 (C) 3	77,500.				MISSION SUPPORT
(11) MAKE-A-WISH FOUNDATION OF MICHIGAN 7600 GRAND RIVER AVENUE BRIGHTON, MI 48114	38-2505812	501 (C) 3	73,500.				MISSION SUPPORT
(12) BIG BROTHERS BIG SISTERS OF GREATER PITTSBU 5989 CENTRE AVE PITTSBURGH, PA 15206-3828	25-6074707	501 (C) 3	67,100.				MISSION SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ►

3 Enter total number of other organizations listed in the line 1 table ►

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**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

INSPIRE BRANDS FOUNDATION, INC.

Employer identification number

58-1692997

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) HUNGER TASK FORCE, INC. 201 S HAWLEY COURT MILWAUKEE, WI 53214	39-1345847	501 (C) 3	60,800.				MISSION SUPPORT
(2) CHILDREN'S HEALTHCARE OF ATLANTA FOUNDATION 1575 NORTHEAST EXPRESSWAY NE	58-1710601	501 (C) 3	60,000.				MISSION SUPPORT
(3) SECOND HARVEST FOOD BANK OF METROLINA 500 B SPRATT ST CHARLOTTE, NC 28206	56-1352593	501 (C) 3	58,500.				MISSION SUPPORT
(4) BESTPREP 7100 NORTHLAND CIR N #120	41-1265355	501 (C) 3	55,000.				MISSION SUPPORT
(5) ST. MARY'S FOOD BANK ALLIANCE 2831 N 31ST AVE PHOENIX, AZ 85009-1518	23-7353532	501 (C) 3	51,600.				MISSION SUPPORT
(6) ALEX'S LEMONADE STAND FOUNDATION 111 PRESIDENTIAL BLVD, SUITE 203	56-2496146	501 (C) 3	51,500.				MISSION SUPPORT
(7) NATIONAL RESTAURANT ASSOCIATION EDUCATIONAL 2055 L STREET NW SUITE 702	36-6103388	501 (C) 3	50,000.				MISSION SUPPORT
(8) OKLAHOMA CITY MUSEUM OF ART, INC. 415 COUCH DRIVE OKLAHOMA CITY, OK 73102	73-0528431	501 (C) 3	50,000.				MISSION SUPPORT
(9) GIRL SCOUTS - WESTERN OKLAHOMA, INC 6100 N ROBINSON AVE OKLAHOMA CITY, OK 73118	73-0677849	501 (C) 3	49,917.				MISSION SUPPORT
(10) BIG BROTHERS BIG SISTERS OF KENTUCKIANA, IN 1519 GARDINER LANE, SUITE B	61-6057856	501 (C) 3	42,900.				MISSION SUPPORT
(11) JUNIOR ACHIEVEMENT OF SOUTHERN CALIFORNIA, 6250 FOREST LAWN DRIVE	95-1799192	501 (C) 3	42,000.				MISSION SUPPORT
(12) BOYER CHILDREN'S CLINIC 1850 BOYER AVE EAST SEATTLE, WA 98112	91-1316838	501 (C) 3	41,900.				MISSION SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ►
- 3 Enter total number of other organizations listed in the line 1 table ►

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(1) ROBERT W. WOODRUFF ARTS CENTER INC 1280 PEACHTREE STREET NE ATLANTA, GA 30309	58-0633971	501 (C) 3	41,000.				MISSION SUPPORT
(2) UTAH FOOD BANK 3150 SOUTH 900	87-0212453	501 (C) 3	40,500.				MISSION SUPPORT
(3) CROSSBRIDGE, INC. 335 MURFREESBORO PIKE NASHVILLE, TN 37210	16-1755991	501 (C) 3	40,000.				MISSION SUPPORT
(4) LIFELINE CHILDREN'S SERVICES 100 MISSIONARY RIDGE BIRMINGHAM, AL 35242	63-0896878	501 (C) 3	40,000.				MISSION SUPPORT
(5) LOWCOUNTRY FOOD BANK 2864 AZALEA DRIVE CHARLESTON, SC 29405	57-0751835	501 (C) 3	39,100.				MISSION SUPPORT
(6) SECOND HARVEST FOOD BANK OF NORTHWEST NC 3655 REED STREET WINSTON-SALEM, NC 27107	58-1457912	501 (C) 3	38,600.				MISSION SUPPORT
(7) ATLANTA COMMUNITY FOOD BANK 3400 N DESERT DR ATLANTA, GA 30344	58-1376648	501 (C) 3	37,700.				MISSION SUPPORT
(8) BIG OAK RANCH, INC. PO BOX 507 SPRINGVILLE, AL 35146	23-7413017	501 (C) 3	37,600.				MISSION SUPPORT
(9) BIG BROTHERS BIG SISTERS OF METRO ATLANTA 680 MURPHY AVENUE SW, SUITE 1090	58-0861895	501 (C) 3	35,500.	346.			MISSION SUPPORT
(10) BIG BROTHERS BIG SISTERS OF THE GREATER MIA 22 S JEFFERSON ST DAYTON, OH 45402	31-0641306	501 (C) 3	35,000.				MISSION SUPPORT
(11) UNITED WAY OF ASHEVILLE & BUNCOMBE COUNTY, 50 SOUTH FRENCH BROAD AVENUE	56-0576157	501 (C) 3	34,300.				MISSION SUPPORT
(12) MAKE-A-WISH FOUNDATION OF OREGON 5901 S MACADAM AVE STE 200	82-0385049	501 (C) 3	34,100.				MISSION SUPPORT

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(1) REGIONAL FOOD BANK OF OKLAHOMA 3355 SOUTH PURDUE OKLAHOMA CITY, OK 73179	73-1100380	501 (C) 3	33,600.				MISSION SUPPORT
(2) GOD'S PANTRY FOOD BANK, INC. 1685 JAGGIE FOX WAY LEXINGTON, KY 40511	31-0979404	501 (C) 3	32,600.				MISSION SUPPORT
(3) URBAN LEAGUE OF GREATER OKLAHOMA CITY, INC. 3900 N MARTIN L KING JR AVE	73-0590037	501 (C) 3	30,000.				MISSION SUPPORT
(4) INTER-FAITH FOOD SHUTTLE 1001 BLAIR DRIVE, SUITE #120	56-1753180	501 (C) 3	29,700.				MISSION SUPPORT
(5) FEEDING SOUTH DAKOTA 4701 N WESTPORT AVE SIOUX FALLS, SD 57107	36-3293534	501 (C) 3	27,800.				MISSION SUPPORT
(6) ST. JOSEPH CATHOLIC ORPHAN SOCIETY DBA ST. 2823 FRANKFORT AVE LOUISVILLE, KY 40206	61-0475286	501 (C) 3	27,500.				MISSION SUPPORT
(7) BIG BROTHERS BIG SISTERS OF SOUTH ALABAMA, 3 SOUTH ROYAL ST STE 300 MOBILE, AL 36602	61-1683905	501 (C) 3	27,500.				MISSION SUPPORT
(8) MAKE-A-WISH FOUNDATION OF MIDDLE TENNESSEE 600 HILL AVENUE SUITE 201	62-1833327	501 (C) 3	27,500.				MISSION SUPPORT
(9) CHILDREN'S ADVOCACY CENTER OF SOUTHWEST FLO 3830 EVANS AVE FORT MYERS, FL 33901	65-0007620	501 (C) 3	26,800.				MISSION SUPPORT
(10) PACK PEOPLE OF ACTION CARING FOR KIDS INC. 4 MALL TERRACE SAVANNAH, GA 31406	81-2615493	501 (C) 3	25,300.				MISSION SUPPORT
(11) GLEANERS COMMUNITY FOOD BANK OF SOUTHEASTER 2131 BEAUFIT STREET DETROIT, MI 48207	38-2156255	501 (C) 3	25,200.				MISSION SUPPORT
(12) ANTI-DEFAMATION LEAGUE 605 THIRD AVENUE NEW YORK, NY 10158	13-1818723	501 (C) 3	25,000.				MISSION SUPPORT

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(1) BALLET OKLAHOMA INC. DBA OKLAHOMA CITY BALL 6800 N CLASSEN BLVD OKLAHOMA CITY, OK 73116	23-7003520	501 (C) 3	25,000.				MISSION SUPPORT
(2) EMORY UNIVERSITY 1440 CLIFTON ROAD SUITE 170	58-0566256	501 (C) 3	25,000.				MISSION SUPPORT
(3) JUNIOR ACHIEVEMENT OF EAST CENTRAL FLORIDA 1275 SOUTH PATRICK DRIVE STE E	59-2461562	501 (C) 3	25,000.				MISSION SUPPORT
(4) AMERICAN INDIAN CULTURAL CENTER FOUNDATION 659 AMERICAN INDIAN BOULEVARD	73-1554119	501 (C) 3	25,000.				MISSION SUPPORT
(5) UNIVERSITY OF OKLAHOMA FOUNDATION, INC. 100 W TIMBERDELL ROAD NORMAN, OK 73019	73-6091755	501 (C) 3	25,000.				MISSION SUPPORT
(6) CATHOLIC COMMUNITY SERVICES OF UTAH 224 NORTH 2200	87-0212450	501 (C) 3	25,000.				MISSION SUPPORT
(7) JUNIOR ACHIEVEMENT OF TAMPA BAY, INC. 13707 N 22ND STREET TAMPA BAY, FL 33613	59-1098499	501 (C) 3	23,700.				MISSION SUPPORT
(8) HUNGER FIGHT, INC. 2935 DAWN RD JACKSONVILLE, FL 32207	46-1338834	501 (C) 3	23,200.				MISSION SUPPORT
(9) DENVER RESCUE MISSION 6100 SMITH ROAD DENVER, CO 80216	84-6038762	501 (C) 3	23,050.				MISSION SUPPORT
(10) WEEKEND SURVIVAL KITS, INC. 319 W GRAND RIVER AVE WILLIAMSTON, MI 48895	45-4444119	501 (C) 3	22,900.				MISSION SUPPORT
(11) FOOD BANK OF CENTRAL & EASTERN NORTH CAROLI 1924 CAPITAL BLVD RALEIGH, NC 27604	56-1283426	501 (C) 3	22,900.				MISSION SUPPORT
(12) BLESSINGS IN A BACKPACK, INC. 4121 SHELBYVILLE RD LOUISVILLE, KY 40207	26-1964620	501 (C) 3	22,294.				MISSION SUPPORT

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(1) ALPHA HOUSE OF PINELLAS COUNTY 701 5TH AVENUE NORTH	59-1991525	501 (C) 3	22,200.				MISSION SUPPORT
(2) JUNIOR ACHIEVEMENT OF CENTRAL FLORIDA, INC. 2121 CAMDEN ROAD ORLANDO, FL 32803	59-0972112	501 (C) 3	22,100.				MISSION SUPPORT
(3) FEEDING SOUTH FLORIDA, INC. 2501 SW 32 TERRACE PEMBROKE PARK, FL 33023	59-2097520	501 (C) 3	21,500.				MISSION SUPPORT
(4) THE STEWART FOUNDATION PO BOX 54680 ATLANTA, GA 30308	20-5918776	501 (C) 3	20,000.				MISSION SUPPORT
(5) THE GIVING KITCHEN INITIATIVE 513 EDGEWOOD AVENUE, SUITE 100	46-2176788	501 (C) 3	20,000.				MISSION SUPPORT
(6) YMCA OF CATAWBA VALLEY, INC. 701 1ST STREET NW HICKORY, NC 28601	56-0928743	501 (C) 3	20,000.				MISSION SUPPORT
(7) SECOND HARVEST FOOD BANK OF CENTRAL FLORIDA 411 MERCY DRIVE ORLANDO, FL 32805	59-2142315	501 (C) 3	20,000.				MISSION SUPPORT
(8) BOYS & GIRLS CLUBS OF THE TENNESSEE VALLEY 967 IRWIN ST KNOXVILLE, TN 37917-6634	62-0475743	501 (C) 3	20,000.				MISSION SUPPORT
(9) JUNIOR ACHIEVEMENT OF OKLAHOMA 3947 S 103RD EAST AVE TULSA, OK 74146	73-0757053	501 (C) 3	20,000.				MISSION SUPPORT
(10) I AM A FATHER 5K, INC. 2492 WHITE OAK DRIVE DECATUR, GA 30032	81-1044572	501 (C) 3	20,000.				MISSION SUPPORT
(11) ABIDE NETWORK, INC 3223 N 45TH ST OMAHA, NE 68111	47-0655246	501 (C) 3	19,300.				MISSION SUPPORT
(12) THE SOUP KITCHEN OF GREATER WHEELING, INC. 1610 EOFF STREET WHEELING, WV 26003	55-0639285	501 (C) 3	18,900.				MISSION SUPPORT

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(1) SPECIAL OLYMPICS TEXAS, INC. 13400 IMMANUEL ROAD SUITE 1C	74-1998367	501 (C) 3	18,900.				MISSION SUPPORT
(2) ST. FRANCIS OF ASSISI KITCHEN 500 PENN AVENUE SCRANTON, PA 18509	23-2070989	501 (C) 3	18,800.				MISSION SUPPORT
(3) FOCUS ELITE SPORTS AND MENTORING 39865 YOUNG LANE MORGANZA, MD 20660	84-2254209	501 (C) 3	18,800.				MISSION SUPPORT
(4) ISAAH 117 PROJECT INC 372 E 800 SOUTH FORT BRANCH, IN 47648	82-0712213	501 (C) 3	18,400.				MISSION SUPPORT
(5) FEED MORE, INC. 1415 RHOADMILLER STREET RICHMOND, VA 23220	54-1150923	501 (C) 3	18,100.				MISSION SUPPORT
(6) MYRIAD GARDENS FOUNDATION, INC. 301 W RENO OKLAHOMA CITY, OK 73102	73-1293008	501 (C) 3	18,000.				MISSION SUPPORT
(7) NORTHERN ILLINOIS FOOD BANK 273 DEARBORN CT GENEVA, IL 60134	36-3203648	501 (C) 3	17,350.				MISSION SUPPORT
(8) COMMON GROUND MONTGOMERY INC. 1516 MOBILE RD MONTGOMERY, AL 36108	20-4172444	501 (C) 3	16,400.				MISSION SUPPORT
(9) BIG BROTHERS BIG SISTERS OF NORTHWEST FLORI 1320 CREIGHTON ROAD PENSACOLA, FL 32504	59-2996893	501 (C) 3	16,100.				MISSION SUPPORT
(10) SECOND HARVEST FOOD BANK OF THE MAHONING VA 2805 SALT SPRINGS ROAD YOUNGSTOWN, OH 44509	34-1380074	501 (C) 3	16,000.				MISSION SUPPORT
(11) LATINO COMMUNITY DEVELOPMENT AGENCY 420 SW 10TH ST OKLAHOMA CITY, OK 73109	73-1424239	501 (C) 3	15,200.				MISSION SUPPORT
(12) BIG BROTHERS BIG SISTERS OF SAN DIEGO COUNT 4305 UNIVERSITY AVE SUITE 590	95-2151526	501 (C) 3	15,200.				MISSION SUPPORT

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(1) SECOND HARVEST FOOD BANK OF NORTHEAST TENNE 1020 JERICHO DRIVE KINGSPORT, TN 37663	62-1303822	501 (C) 3	15,100.				MISSION SUPPORT
(2) GENESEE COUNTY HABITAT FOR HUMANITY 101 BURTON STREET FLINT, MI 48503	38-2899387	501 (C) 3	15,000.				MISSION SUPPORT
(3) BIG BROTHERS BIG SISTERS OF METROPOLITAN DE 2470 COLLINGWOOD STE 208 DETROIT, MI 48206	38-6112533	501 (C) 3	15,000.				MISSION SUPPORT
(4) CURE CHILDHOOD CANCER, INC. 200 ASHFORD CENTER NORTH SUITE 250	58-1244138	501 (C) 3	15,000.				MISSION SUPPORT
(5) AID TO DISTRESSED FAMILIES OF APPALACHIAN C PO BOX 5953 OAK RIDGE, TN 37831	58-1727751	501 (C) 3	15,000.				MISSION SUPPORT
(6) MOUNTAIN CHILD ADVOCACY CENTER, INC. 11 VANDERBILT PARK DRIVE, SUITE A	58-1828408	501 (C) 3	15,000.				MISSION SUPPORT
(7) THE DOWNTOWN JIMMIE HALE MISSION INC PO BOX 10472 BIRMINGHAM, AL 35202	63-0358757	501 (C) 3	15,000.				MISSION SUPPORT
(8) CONCERNED CITIZENS FOR OUR YOUTH, INC DBA B 1200 BEACON LANE JASPER, AL 35504	63-0640563	501 (C) 3	15,000.				MISSION SUPPORT
(9) HOPE MISSIONS 360, INC 1003 GATHER DRIVE LAWRENCEVILLE, GA 30043	82-1081974	501 (C) 3	15,000.				MISSION SUPPORT
(10) UNITED FOOD BANK 245 SOUTH NINA DRIVE MESA, AZ 85210	86-0505273	501 (C) 3	15,000.				MISSION SUPPORT
(11) BIG BROTHERS BIG SISTERS OF UTAH, INC. 2121 S STATE STREET #201	87-0336168	501 (C) 3	15,000.				MISSION SUPPORT
(12) GOLDEN HARVEST FOOD BANK 3310 COMMERCE DRIVE AUGUSTA, GA 30909	58-1466516	501 (C) 3	14,900.				MISSION SUPPORT

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44037

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

INSPIRE BRANDS FOUNDATION, INC.

Employer identification number

58-1692997

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) RALEIGH RESCUE MISSION, INC. 314 EAST HARGETT STREET RALEIGH, NC 27601	56-6024168	501 (C) 3	14,500.				MISSION SUPPORT
(2) TERRE HAUTE CATHOLIC CHARITIES FOODBANK 430 N 14TH 1/2 ST TERRE HAUTE, IN 47807	31-1074018	501 (C) 3	14,300.				MISSION SUPPORT
(3) BIG BROTHERS BIG SISTERS OF MISSISSIPPI PO BOX 16414 JACKSON, MT 39236	64-0930671	501 (C) 3	14,100.				MISSION SUPPORT
(4) KANSAS FOOD BANK 1919 E DOUGLAS WICHITA, KS 67211	48-0959213	501 (C) 3	13,900.				MISSION SUPPORT
(5) COMMUNITY PARTNERS FOR YOUTH, INC. DBA BIG 37 S WASHINGTON ST ROCHESTER, NY 14608	16-0997229	501 (C) 3	13,600.				MISSION SUPPORT
(6) BIG BROTHERS BIG SISTERS OF CEDAR RAPIDS & 3150 E AVE NW - SUITE 103	42-1170475	501 (C) 3	13,300.				MISSION SUPPORT
(7) FAMILY SERVICES OF NW PA (BIG BROTHERS BIG 5100 PEACH STREET ERIE, PA 16509	25-0987225	501 (C) 3	12,900.				MISSION SUPPORT
(8) BIG BROTHERS BIG SISTERS OF THE TRI-STATE 501 5TH AVENUE SUITE 3 HUNTINGTON, WV 25701	55-0559711	501 (C) 3	12,850.				MISSION SUPPORT
(9) JUNIOR ACHIEVEMENT OF THE BLUEGRASS, INC. 2420 SPURR ROAD LEXINGTON, KY 40511	61-0606480	501 (C) 3	12,850.				MISSION SUPPORT
(10) MADONNA SCHOOL & COMMUNITY-BASED SERVICES 6402 N 71ST PLAZA OMAHA, NE 68104	47-0491332	501 (C) 3	12,800.				MISSION SUPPORT
(11) GOLDEN OPP FOR YOU, INC. 9660 PINE CT UNION CITY, GA 30291	81-3208124	501 (C) 3	12,800.				MISSION SUPPORT
(12) BOYS & GIRLS CLUBS OF SYRACUSE 2100 E FAYETTE ST SYRACUSE, NY 13224-1017	15-0532240	501 (C) 3	12,550.				MISSION SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ►

3 Enter total number of other organizations listed in the line 1 table ►

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(1) PEOPLE'S EQUAL ACTION AND COMMUNITY EFFORT, 217 SOUTH SALINA STREET 2ND FLOOR	16-6095039	501 (C) 3	12,550.				MISSION SUPPORT
(2) MAKE-A-WISH FOUNDATION OF NEW JERSEY, INC. 1384 PERRINEVILLE ROAD	22-2488495	501 (C) 3	12,500.				MISSION SUPPORT
(3) THE HUNTSVILLE DREAM CENTER DBA MANNA HOUSE 3401 HOLMES AVE NW HUNTSVILLE, AL 35816	27-0039458	501 (C) 3	12,300.				MISSION SUPPORT
(4) JUNIOR ACHIEVEMENT OF SOUTH CENTRAL PENNSYL 610 SOUTH GEORGE STREET YORK, PA 17401	23-1598129	501 (C) 3	12,200.				MISSION SUPPORT
(5) BIG BROTHERS BIG SISTERS OF THE CAPITAL REG PO BOX 8468 ALBANY, NY 12208	23-2260248	501 (C) 3	12,200.				MISSION SUPPORT
(6) COMMUNITIES IN SCHOOLS PENNSYLVANIA 234 STATE STREET SUITE 101	25-1728518	501 (C) 3	12,200.				MISSION SUPPORT
(7) DOWN SYNDROME ASSOCIATION OF CENTRAL OHIO 510 E NORTH BROADWAY 4TH FLOOR	31-1126185	501 (C) 3	12,000.				MISSION SUPPORT
(8) KINGDOM FIRST 219 SHERBORNE DR COLUMBUS, OH 43219	81-4446525	501 (C) 3	12,000.				MISSION SUPPORT
(9) SHARING AND CARING HANDS, INC. 525 NORTH 7TH STREET MINNEAPOLIS, MN 55405	36-3412619	501 (C) 3	11,800.				MISSION SUPPORT
(10) AGAPE COMMUNITY CENTER 2210 MARIETTA BLVD NW ATLANTA, GA 30318	58-2372950	501 (C) 3	11,600.				MISSION SUPPORT
(11) OUR PLACE ART ORGANIZATION INCORPORATED PO BOX 5142 KNOXVILLE, TN 37928	90-1003720	501 (C) 3	11,500.				MISSION SUPPORT
(12) THE ROSE OF SHARON INC. 723 ARCADIA CIRCLE HUNTSVILLE, AL 35801	20-0347652	501 (C) 3	11,200.				MISSION SUPPORT

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(1) ACTIVITIES BEYOND THE CLASSROOM 635 WEST 7TH STREET SUITE 301	35-2222723	501 (C) 3	11,200.				MISSION SUPPORT
(2) HOPE THRU SOAP INC 2812 MORGAN FARM CT BUFORD, GA 30519	82-1679787	501 (C) 3	11,034.	1,116.			MISSION SUPPORT
(3) BOYS & GIRLS CLUB OF CAMDEN COUNTY 2 S DUDLEY STREET CAMDEN, NJ 08105	22-3670025	501 (C) 3	11,000.				MISSION SUPPORT
(4) BIG BROTHERS BIG SISTERS OF BERKS COUNTY, P 303 WINDSOR ST	23-6463243	501 (C) 3	11,000.				MISSION SUPPORT
(5) FOOD BANK OF EASTERN MICHIGAN 2300 LAPEER ROAD FLINT, MI 48503	38-2379678	501 (C) 3	10,900.				MISSION SUPPORT
(6) BIG BROTHERS BIG SISTERS OF GREATER FREDERI 325A WALLACE STREET	54-0848850	501 (C) 3	10,900.				MISSION SUPPORT
(7) MISSOULA FOOD BANK & COMMUNITY CENTER 1720 WYOMING STREET MISSOULA, MT 59801	81-0414143	501 (C) 3	10,800.				MISSION SUPPORT
(8) NORTHWOOD CHILDREN'S HOME SOCIETY, INC. DBA 714 W COLLEGE STREET DULUTH, MN 55811	41-0706108	501 (C) 3	10,600.				MISSION SUPPORT
(9) AUTISM SPEAKS - ATTN: SHERI WEITHMAN, COLUM 1060 STATE ROAD PRINCETON, NJ 08540	20-2329938	501 (C) 3	10,500.				MISSION SUPPORT
(10) MATTHEW'S HOPE MINISTRIES, INC. 611 BUSINESS PARK BLVD #101	27-2245867	501 (C) 3	10,500.				MISSION SUPPORT
(11) UTE CONFERENCE, INC. 3550 S MAIN ST SALT LAKE CITY, UT 84115	87-0271884	501 (C) 3	10,300.				MISSION SUPPORT
(12) JDRF INTERNATIONAL 200 VESEY STREET 28TH FLOOR	23-1907729	501 (C) 3	10,120.				MISSION SUPPORT

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(1) HUNTSVILLE INNER CITY LEARNING CENTER, INC. 2450 BRAHAN STREET HUNTSVILLE, AL 35805	20-5583934	501 (C) 3	10,000.				MISSION SUPPORT
(2) TENNESSEE FOOD ON FOOT FOUNDATION, INC. 105 SCENIC VIEW DR TALBOTT, TN 37877	22-3969109	501 (C) 3	10,000.				MISSION SUPPORT
(3) ATLANTA FIRE RESCUE FOUNDATION PO BOX 19045 ATLANTA, GA 31126	30-0245635	501 (C) 3	10,000.				MISSION SUPPORT
(4) COMMUNITY HARVEST FOOD BANK OF NORTHEAST IN 999 EAST TILLMAN ROAD FORT WAYNE, IN 46816	31-1100607	501 (C) 3	10,000.				MISSION SUPPORT
(5) GENEROUS LIFE FOUNDATION 1800 N GERMANTOWN PKWY CORDOVA, TX 38016	31-1685087	501 (C) 3	10,000.				MISSION SUPPORT
(6) NILES COMMUNITY SERVICES, INC. 401 VIENNA AVENUE NILES, OH 44446	34-1464447	501 (C) 3	10,000.				MISSION SUPPORT
(7) BOYS & GIRLS CLUBS OF TOLEDO AND THE TOLEDO 2250 N DETROIT AVE TOLEDO, OH 43606	34-4427933	501 (C) 3	10,000.				MISSION SUPPORT
(8) JUNIOR ACHIEVEMENT OF NORTHWESTERN OHIO, IN 1645 INDIAN WOOD CIRCLE - SUITE 104	34-4430363	501 (C) 3	10,000.				MISSION SUPPORT
(9) JUNIOR ACHIEVEMENT OF NORTHERN INDIANA, INC 550 EAST WALLEN ROAD FORT WAYNE, IN 46825	35-0922731	501 (C) 3	10,000.				MISSION SUPPORT
(10) BIG BROTHERS BIG SISTERS OF CENTRAL IOWA, I 9051 SWANSON BLVD CLIVE, IA 50325	42-1184999	501 (C) 3	10,000.				MISSION SUPPORT
(11) CRISTO REY ATLANTA JESUIT HIGH SCHOOL 222 PIEDMONT AVENUE NE ATLANTA, GA 30308	45-5550340	501 (C) 3	10,000.				MISSION SUPPORT
(12) MAKE-A-WISH FOUNDATION OF EAST TENNESSEE 6700 BAUM DRIVE SUITE 7 KNOXVILLE, TN 37919	58-1799549	501 (C) 3	10,000.				MISSION SUPPORT

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(1) JUNIOR ACHIEVEMENT OF NORTH FLORIDA, INC. 4049 WOODCOCK DR JACKSONVILLE, FL 32207	59-1021800	501 (C) 3	10,000.				MISSION SUPPORT
(2) DOWNTOWN OKLAHOMA CITY, INC. 211 N ROBINSON STE 225	73-1593759	501 (C) 3	10,000.				MISSION SUPPORT
(3) CULTIVATE CULINARY SCHOOL & CATERING INC. () 1403 PRAIRIE AVENUE SOUTH BEND, IN 46613	81-3306113	501 (C) 3	10,000.				MISSION SUPPORT
(4) CENTURY HARVEST FARMS FOUNDATION 7085 MORGANTON RD GREENBACK, TN 37742	82-3033477	501 (C) 3	10,000.				MISSION SUPPORT
(5) STOP THE ADDICTION FATALITY EPIDEMIC (SAFE) 3118 WASHINGTON BLVD #101734	83-0781172	501 (C) 3	10,000.				MISSION SUPPORT
(6) BREAKTHROUGH ATLANTA INC. 4075 PACES FERRY ROAD NW ATLANTA, GA 30327	84-4725498	501 (C) 3	10,000.				MISSION SUPPORT
(7) SMYRNA-LA VERGNE FOOD BANK DBA NOURISH FOOD 1809 MEMORIAL BLVD MURFREESBORO, TN 37129	58-1565567	501 (C) 3	9,900.				MISSION SUPPORT
(8) BOYS & GIRLS CLUBS OF CENTRAL IOWA 1421 WALKER ST DES MOINES, IA 50316-3471	42-6075138	501 (C) 3	9,600.				MISSION SUPPORT
(9) CARMACK BOULEVARD CHURCH OF CHRIST 2111 CARMACK BLVD COLUMBIA, TN 38401	31-1594717	501 (C) 3	9,500.				MISSION SUPPORT
(10) BIG BROTHERS BIG SISTERS OF SOUTHWEST IDAHO 7609 W EMERALD ST BOISE, ID 83704	82-0349401	501 (C) 3	9,500.				MISSION SUPPORT
(11) BOYS & GIRLS CLUB OF ROCKFORD 1040 N 2ND ST ROCKFORD, IL 61107-3066	36-2167840	501 (C) 3	9,400.				MISSION SUPPORT
(12) BIG BROTHERS BIG SISTERS OF DANE COUNTY, IN 2059 ATWOOD AVENUE #2 MADISON, WI 53704	39-1077783	501 (C) 3	9,400.				MISSION SUPPORT

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(1) SERVE AND CONNECT PO BOX 6840 COLUMBIA, SC 29260	81-1369953	501 (C) 3	9,200.				MISSION SUPPORT
(2) HOSPITALITY PANTRIES, INC. DBA FISH HOSPITA 800 NORTHSORE DRIVE KNOXVILLE, TN 37919	62-1584500	501 (C) 3	9,100.				MISSION SUPPORT
(3) BOYS & GIRLS CLUB OF WASHINGTON COUNTY (MAR 805 PENNSYLVANIA AVENUE	23-7252343	501 (C) 3	9,000.				MISSION SUPPORT
(4) COMMUNITY KITCHEN OF MONROE COUNTY, INC. PO BOX 3286 BLOOMINGTON, IN 47402	31-1101408	501 (C) 3	9,000.				MISSION SUPPORT
(5) HUNTSVILLE ASSISTANCE PROGRAM 1001 MONROE STREET SW HUNTSVILLE, AL 35763	56-2292453	501 (C) 3	9,000.				MISSION SUPPORT
(6) JUNIOR ACHIEVEMENT OF THE EASTERN SHORE 327 TILGHMAN ROAD #100 SALISBURY, MD 21804	52-1461040	501 (C) 3	8,900.				MISSION SUPPORT
(7) FOOD BANK OF SIOUXLAND, INC. 1313 11TH STREET SIOUX CITY, IA 51105	42-1381516	501 (C) 3	8,800.				MISSION SUPPORT
(8) BUTTE EMERGENCY FOOD BANK 1019 E SECOND BUTTE, MT 59701	81-0469563	501 (C) 3	8,800.				MISSION SUPPORT
(9) BOYS & GIRLS CLUB OF BENTON AND FRANKLIN CO PO BOX 1322 PASCO, WA 99301	91-1673327	501 (C) 3	8,800.				MISSION SUPPORT
(10) COMMON GROUND-THE CINDY NORD CENTER FOR REN 14240 BAIRD RD OBERLIN, OH 44074	34-1838503	501 (C) 3	8,500.				MISSION SUPPORT
(11) BIG BROTHERS BIG SISTERS OF FLINT AND GENES 1176 ROBERT T LONGWAY BLVD FLINT, MI 48503	38-2259541	501 (C) 3	8,500.				MISSION SUPPORT
(12) CENTRAL ILLINOIS FOODBANK 1937 E COOK STREET SPRINGFIELD, IL 62791	37-1106465	501 (C) 3	8,360.				MISSION SUPPORT

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(1) AMERICA'S SECOND HARVEST OF THE BIG BEND 4446 ENTREPOT BLVD TALLAHASSEE, FL 32310	59-2610345	501 (C) 3	8,300.				MISSION SUPPORT
(2) BRUNSWICK FAMILY ASSISTANCE AGENCY, INC. PO BOX 1551 SHALLOTTE SHALLOTTE, NC 28459	56-1309961	501 (C) 3	8,200.				MISSION SUPPORT
(3) ALWAYS WITH US CHARITIES 4449 EASTON WAY STE-200 COLUMBUS, OH 43219	47-3774105	501 (C) 3	8,000.				MISSION SUPPORT
(4) BIG BROTHERS BIG SISTERS OF CENTRAL VIRGINI 2901 LANGHORNE ROAD LYNCHBURG, VA 24501	54-0908680	501 (C) 3	8,000.				MISSION SUPPORT
(5) THE HERITAGE PROJECTS 57 JEFFERSON AVENUE SUITE 202	85-0718939	501 (C) 3	8,000.				MISSION SUPPORT
(6) BIG BROTHERS BIG SISTERS OF SIOUXLAND 3650 GLEN OAKS BLVD SIOUX CITY, IA 51104	42-1121154	501 (C) 3	7,800.				MISSION SUPPORT
(7) BOYS & GIRLS CLUB OF GREATER LYNCHBURG 1101 MADISON ST LYNCHBURG, VA 24504-2517	20-0199894	501 (C) 3	7,700.				MISSION SUPPORT
(8) LINCOLN TRAIL ELEMENTARY PTA 3154 BARDSTOWN RD ELIZABETHTOWN, KY 42701	61-1147508	501 (C) 3	7,700.				MISSION SUPPORT
(9) MAKE-A-WISH FOUNDATION? OF OHIO, KENTUCKY & 2545 FARMERS DRIVE COLUMBUS, OH 43235	34-1471131	501 (C) 3	7,600.				MISSION SUPPORT
(10) EMERGENCY FOOD PANTRY, INC. 1101 4TH AVE N FARGO, ND 58102	51-0138107	501 (C) 3	7,600.				MISSION SUPPORT
(11) GUM DROPS, NFP PO BOX 228 CARTERVILLE, IL 62918	26-2938077	501 (C) 3	7,500.				MISSION SUPPORT
(12) YMCA OF CENTRAL OHIO (VAN BUREN CENTER) 1907 LEONARD AVENUE SUITE 150	31-4379594	501 (C) 3	7,500.				MISSION SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ►

3 Enter total number of other organizations listed in the line 1 table ►

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

Schedule I (Form 990) 2020

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**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

INSPIRE BRANDS FOUNDATION, INC.

Employer identification number

58-1692997

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) BIG BROTHERS BIG SISTERS OF NORTHWESTERN OH PO BOX 1369 TOLEDO, OH 43063	34-1396251	501 (C) 3	7,500.				MISSION SUPPORT
(2) SERVING HOPE, INC. 415 CHURCH STREET SUITE E-5	81-2023948	501 (C) 3	7,500.				MISSION SUPPORT
(3) BOYS & GIRLS CLUBS OF THE ROGUE VALLEY 203 SE 9TH ST GRANTS PASS, OR 97526	93-0588108	501 (C) 3	7,400.				MISSION SUPPORT
(4) CUNNINGHAM CHILDREN'S HOME 1301 N CUNNINGHAM AVENUE URBANA, IL 61802	37-0662521	501 (C) 3	7,380.				MISSION SUPPORT
(5) SECOND HARVEST INLAND NORTHWEST 1234 E FRONT AVE SPOKANE, WA 99202	23-7173826	501 (C) 3	7,300.				MISSION SUPPORT
(6) KENAI PENINSULA FOOD BANK 33955 COMMUNITY COLLEGE DRIVE	94-3112445	501 (C) 3	7,200.				MISSION SUPPORT
(7) MAKE-A-WISH FOUNDATION OF NORTH DAKOTA 4143 26TH AVENUE SOUTH SUITE 104	45-0393770	501 (C) 3	7,000.				MISSION SUPPORT
(8) GREAT PLAINS FOOD BANK 1720 3RD AVE N FARGO, ND 58102	47-2229589	501 (C) 3	7,000.				MISSION SUPPORT
(9) FOCUS ON YOUR FUTURE 1696 HARLINGTON RD SMYRNA, GA 30082	82-2077844	501 (C) 3	7,000.				MISSION SUPPORT
(10) SOURIS VALLEY UNITED WAY 1941 4TH STREET SW MINOT, ND 58701	45-0308679	501 (C) 3	6,900.				MISSION SUPPORT
(11) BIG BROTHERS BIG SISTERS OF OKLAHOMA 1401 S BOULDER AVE SUITE 300	73-1226237	501 (C) 3	6,900.				MISSION SUPPORT
(12) HOTEL INC 1005 BOATLANDING ROAD	31-1021948	501 (C) 3	6,800.				MISSION SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ►

3 Enter total number of other organizations listed in the line 1 table ►

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

Schedule I (Form 990) 2020

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**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

INSPIRE BRANDS FOUNDATION, INC.

Employer identification number

58-1692997

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) LIFESTREAM SERVICES, INC. 1701 S PILGRIM BLVD YORKTOWN, IN 47396	35-1356741	501 (C) 3	6,750.				MISSION SUPPORT
(2) KOKOMO URBAN OUTREACH 1701 S LOCKE STREET KOKOMO, IN 46902	84-1702273	501 (C) 3	6,750.				MISSION SUPPORT
(3) BOYS & GIRLS CLUB OF MONMOUTH COUNTY 1201 MONROE AVE ASBURY PARK, NJ 07712	21-0694373	501 (C) 3	6,700.				MISSION SUPPORT
(4) BOYS & GIRLS CLUBS OF GREATER CINCINNATI 600 DALTON AVE CINCINNATI, OH 45203	31-0536965	501 (C) 3	6,600.				MISSION SUPPORT
(5) BIG BROTHERS BIG SISTERS OF THE LEHIGH VALL 41 S CARLISLE STREET ALLENTOWN, PA 18109	23-1746895	501 (C) 3	6,500.				MISSION SUPPORT
(6) BIG BROTHERS BIG SISTERS SERVICES, INC 1707 SUMMIT AVE STE 200 RICHMOND, VA 23230	54-0702502	501 (C) 3	6,500.				MISSION SUPPORT
(7) THE LIGHTHOUSE FOUNDATION OF CORINTH, INC. PO BOX 2121 CORINTH, MS 38835	64-0860313	501 (C) 3	6,400.				MISSION SUPPORT
(8) EASTERN ILLINOIS FOODBANK 2405 NORTH SHORE DRIVE URBANA, IL 61802	37-1130252	501 (C) 3	6,360.				MISSION SUPPORT
(9) BIG BROTHERS BIG SISTERS OF NORTHWESTERN WI 424 GALLOWAY ST EAU CLAIRE, WI 54703	23-7311200	501 (C) 3	6,200.				MISSION SUPPORT
(10) BIG BROTHERS BIG SISTERS OF YELLOWSTONE COU 3203 3RD AVE N SUITE 301 BILLINGS, MT 59101	23-7451775	501 (C) 3	6,000.				MISSION SUPPORT
(11) COMMUNITY ACTION REGION VI PO BOX 507 JAMESTOWN, ND 58402	45-0333497	501 (C) 3	6,000.				MISSION SUPPORT
(12) THE LITTLE PANTRY THAT COULD 2011 24TH AVE NORTH NASHVILLE, TN 37208	45-3746317	501 (C) 3	6,000.				MISSION SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ►

3 Enter total number of other organizations listed in the line 1 table ►

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**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

INSPIRE BRANDS FOUNDATION, INC.

Employer identification number

58-1692997

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) HEAD START, INC. DBA EXPLORERS ACADEMY 615 N 19TH STREET BILLINGS, MT 59101	81-0398508	501 (C) 3	6,000.				MISSION SUPPORT
(2) COOPERATIVE MINISTRIES COUNCIL (WEEKEND FOO PO BOX 733 SCOTTSBLUFF, NE 69363	91-1777967	501 (C) 3	6,000.				MISSION SUPPORT
(3) BLUE RIDGE AREA FOOD BANK 96 LAUREL HILL ROAD VERONA, VA 24482	52-1202644	501 (C) 3	5,900.				MISSION SUPPORT
(4) DICKSON COUNTY HELP CENTER 103 WEST COLLEGE STREET DICKSON, TN 37055	62-1075335	501 (C) 3	5,900.				MISSION SUPPORT
(5) GREATER CHICAGO FOOD DEPOSITORY 4100 WEST ANN LURIE PLACE CHICAGO, IL 60632	36-2971864	501 (C) 3	5,850.				MISSION SUPPORT
(6) YOUNG MEN'S CHRISTIAN ASSOCIATION OF IDAHO 155 NORTH CORNER AVENUE	82-0222174	501 (C) 3	5,800.				MISSION SUPPORT
(7) SCHOHARIE COUNTY COMMUNITY ACTION PROGRAM, 795 EAST MAIN STREET SUITE 5	14-1490674	501 (C) 3	5,700.				MISSION SUPPORT
(8) BIG BROTHERS BIG SISTERS OF DELAWARE, INC. 413 LARCH CIRCLE WILMINGTON, DE 19804	51-6018399	501 (C) 3	5,700.				MISSION SUPPORT
(9) THE ARK COMMUNITY RESOURCE & ASSISTANCE CEN PO BOX 224 KINGSTON SPRINGS, TN 37082	06-1640635	501 (C) 3	5,500.				MISSION SUPPORT
(10) APOPKA RAPTORS AAU INC PO BOX 1493 APOPKA, FL 32712	36-4684919	501 (C) 3	5,500.				MISSION SUPPORT
(11) BOYS & GIRLS CLUB OF DANE COUNTY 1818 W BELTLINE HWY MADISON, WI 53713-2334	39-1925617	501 (C) 3	5,500.				MISSION SUPPORT
(12) HSES DESTINATION IMAGINATION BOOSTERS 12278 CYNTHEANNE ROAD FISHERS, IN 46037	47-4597487	501 (C) 3	5,500.				MISSION SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ►
- 3 Enter total number of other organizations listed in the line 1 table ►

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

Schedule I (Form 990) 2020

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SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

INSPIRE BRANDS FOUNDATION, INC.

Employer identification number

58-1692997

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) WATERTOWN AREA PEOPLE AGAINST CHILD HUNGER PO BOX 176 WATERTOWN, SD 57201	46-3296115	501 (C) 3	5,300.				MISSION SUPPORT
(2) EXCHANGE CLUB-CARL PERKINS CENTER FOR THE P 213 CHEYENNE DRIVE JACKSON, TN 38305	62-1123112	501 (C) 3	5,300.				MISSION SUPPORT
(3) CAMI JO CARES 2451 BARNES CROSSING ROAD	82-1643347	501 (C) 3	5,300.				MISSION SUPPORT
(4) BIG BROTHERS BIG SISTERS OF NORTHEAST WISCO 520 N BROADWAY ST SUITE 220	39-1274696	501 (C) 3	5,250.				MISSION SUPPORT
(5) BIG BROTHERS BIG SISTERS OF EAST CENTRAL WI 1331 AMERICAN DRIVE NEENAH, WI 54956	39-6103907	501 (C) 3	5,250.				MISSION SUPPORT
(6) THE (NORTON) CHILDREN'S HOSPITAL FOUNDATION 234 E GRAY STREET SUITE 450	61-6027530	501 (C) 3	5,200.				MISSION SUPPORT
(7) COMMUNITY FOOD BANK OF CENTRAL ALABAMA 107 WALTER DAVIS DRIVE BIRMINGHAM, AL 35209	63-0837956	501 (C) 3	5,200.				MISSION SUPPORT
(8) FRIENDLY HOUSE OF DAVENPORT IOWA DBA FRIEND 1221 MYRTLE STREET DAVENPORT, IA 52804	42-0733466	501 (C) 3	5,100.				MISSION SUPPORT
(9) COMMUNITY FOOD BANK OF SOUTHERN ARIZONA 3003 SOUTH COUNTRY CLUB ROAD	51-0192519	501 (C) 3	5,100.				MISSION SUPPORT
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 225.

3 Enter total number of other organizations listed in the line 1 table 225.

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

Schedule I (Form 990) 2020

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Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

PART I, LINE 2

ALL GRANTEES ARE REQUIRED AS PART OF THE APPLICATION PROCESS TO INDICATE
HOW FUNDS WILL BE ALLOCATED. GRANTEES WHO RECEIVE \$5,000 OR MORE ARE
REQUIRED TO FILE A YEAR-END REPORT DETAILING HOW FUNDS WERE USED AND THE
IMPACT OF THOSE FUNDS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

INSPIRE BRANDS FOUNDATION, INC.

Employer identification number

58-1692997

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a** ☐ Yes ☒ No
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b** ☐ Yes ☒ No
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c** ☐ Yes ☒ No

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a** ☐ Yes ☒ No
- b** Any related organization? **5b** ☐ Yes ☒ No

If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a** ☐ Yes ☒ No
- b** Any related organization? **6b** ☐ Yes ☒ No

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. **7** ☐ Yes ☒ No

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. **8** ☐ Yes ☒ No

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9** ☐ Yes ☒ No

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

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020

Page **2****Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1STUART BROWN EXECUTIVE DIRECTOR	(i)	159,845.	39,938.	0.	4,370.	23,776.	227,929.	
	(ii)	0.	0.	0.				
2EMILY CRAWFORD DIR. IMPACT & COMM.	(i)	114,397.	23,782.	0.	2,932.	9,949.	151,060.	
	(ii)	0.	0.	0.				
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Schedule J (Form 990) 2020

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Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 5A

THE CALCULATION OF EMPLOYEE BONUSES IS 60% CONTINGENT ON THE REVENUES OF

THE ORGANIZATION AND SUBJECT TO A TOTAL COMPENSATION CAP.

PART I, LINE 7

ALL STAFF-LEVEL EMPLOYEES PARTICIPATE IN BONUSES.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

- ▶ 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.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

INSPIRE BRANDS FOUNDATION, INC.

Employer identification number

58-1692997

Part 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 determining noncash contribution amounts
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 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or 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				
25 Other ▶ (ATCH 1)		1.	116,498.	
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2020

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Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

PART I, LINE 25

THE ORGANIZATION RECEIVED A DONATION OF VARIOUS PRINTED MATERIALS. DUE TO
THE LARGE QUANTITY RECEIVED, WE ARE UNABLE TO COUNT THE EXACT NUMBER OF
MATERIALS.

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
FOOD & BEVERAGE	X	1.	336.	FMV
PRINTED MATERIALS	X		116,162.	FMV
TOTALS		<u>1.</u>	<u>116,498.</u>	

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

INSPIRE BRANDS FOUNDATION, INC.

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Employer identification number

58-1692997

PART VI, SECTION A, LINE 1A

THE EXECUTIVE COMMITTEE SHALL HAVE AND EXERCISE THE AUTHORITY OF THE
BOARD OF TRUSTEES, IN THE MANAGEMENT OF THE AFFAIRS OF THE CORPORATION,
BUT THE DESIGNATION OF SUCH EXECUTIVE COMMITTEE AND THE DELEGATION
THEREOF OF AUTHORITY SHALL NOT OPERATE TO RELIEVE THE BOARD OF TRUSTEES,
OR ANY INDIVIDUAL TRUSTEE, OF ANY RESPONSIBILITY IMPOSED UPON IT OR HIM
OR HER BY LAW.

PART VI, SECTION A, LINE 2

THE FOLLOWING BOARD MEMBERS AND OFFICERS HAVE A BUSINESS RELATIONSHIP:
CHRIS FULLER, CLAUDIA SAN PEDRO, DANTON NOLAN, CHRIS HELD, JIM TAYLOR,
AND LYLE TICK.

PART VI, SECTION A, LINE 4

THE FOUNDATION AMENDED ITS BYLAWS ON NOVEMBER 6, 2020, TO REFLECT CHANGES
IN THE FOLLOWING: GIVING THE BOARD OF TRUSTEES THE ABILITY TO DELEGATE
AUTHORITY RELATED TO OVERSIGHT AND MANAGEMENT OF ANY OPERATING DIVISION
TO THE BOARD OF DIRECTORS OF SUCH OPERATING DIVISION IN SUCH FORM AND ON
SUCH TERMS AS THE BOARD OF TRUSTEES DEEMS TO BE IN THE BEST INTERESTS OF
THE CORPORATION AND SUCH OPERATING DIVISION AND AS MAY BE AGREED TO IN
WRITING BY THE BOARD OF TRUSTEES AND THE BOARD OF DIRECTORS OF ANY
OPERATING DIVISION.

PART VI, SECTION A, LINE 7A

THE BYLAWS STIPULATE THE BOARD OF TRUSTEES SHALL ALWAYS INCLUDE (1) THE

Name of the organization INSPIRE BRANDS FOUNDATION, INC.	Employer identification number 58-1692997
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PERSON SERVING FROM TIME TO TIME AS THE CHIEF EXECUTIVE OFFICER OF INSPIRE (OR HIS OR HER DESIGNEE), WHO SHALL BE THE CHAIR OF THE CORPORATION AND SHALL SERVE AS THE CHAIR (AND SHALL HAVE THE RIGHT TO DESIGNATE SOMEONE ELSE TO SERVE AS CHAIR) AND AS A MEMBER OF THE BOARD OF TRUSTEES FOR AS LONG AS HE OR SHE IS THE CHIEF EXECUTIVE OFFICER OF INSPIRE, (2) THE THEN SERVING BRAND PRESIDENT OF ARBY'S (OR HIS OR HER DESIGNEE) AND (3) THE THEN SERVING BRAND PRESIDENT OF BUFFALO WILD WINGS (OR HIS OR HER DESIGNEE). SUBJECT TO THE PROVISIONS OF SECTION 3.1, THE OTHER TRUSTEES SHALL BE APPOINTED BY THE CHIEF EXECUTIVE OFFICER OF INSPIRE. ANYTHING IN THESE BYLAWS TO THE CONTRARY NOTWITHSTANDING, NO PERSON SHALL BE APPOINTED OR ELECTED, NOR SHALL ANY PERSON SERVE, AS A TRUSTEE OF THE CORPORATION UNLESS AND UNTIL SUCH PERSON HAS BEEN REVIEWED, CONSIDERED, APPROVED, AND APPOINTED BY THE THEN SERVING CHIEF EXECUTIVE OFFICER OF INSPIRE.

PART VI, SECTION B, LINE 11

THE FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND DIRECTOR OF OPERATIONS. THE BOARD MEMBERS ARE SENT THE AUDIT AND FORM 990 ONE WEEK PRIOR TO FILING FOR THEIR REVIEW. FOLLOWING, THE EXECUTIVE COMMITTEE REVIEWS AND APPROVES THE AUDIT AND FORM 990.

PART VI, SECTION B, LINE 12C

TO ENSURE COMPLIANCE WITH THE CONFLICTS OF INTEREST, THE INSPIRE BRANDS FOUNDATION ANNUALLY REQUIRES EACH BOARD MEMBER, OFFICER, AND TRUSTEE TO REVIEW AND SIGN A NEW CONFLICT OF INTEREST AGREEMENT.

Name of the organization INSPIRE BRANDS FOUNDATION, INC.	Employer identification number 58-1692997
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PART VI, SECTION B, LINES 15A & 15B

THE FOUNDATION BOARD OF TRUSTEES INDEPENDENTLY ESTABLISHED AND DOCUMENTED THE FAIR MARKET VALUE OF COMPENSATION FOR THE EXECUTIVE DIRECTOR, OFFICERS, AND KEY EMPLOYEES THROUGH THE USE OF A THIRD PARTY REPORT ON FOUNDATION COMPENSATION TO DETERMINE THE APPROPRIATE COMPARATIVE COMPENSATION FOR THE POSITIONS.

PART VI, SECTION C, LINE 19

THE FORM 990 AND AUDITED FINANCIAL STATEMENTS CAN BE FOUND ON OUR WEBSITE. THE ORGANIZATION WILL CONSIDER REQUESTS TO PROVIDE ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY UPON REQUEST.

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

AT THE INSPIRE BRANDS FOUNDATION, WE EXIST TO IGNITE AND NOURISH CHANGE FOR GOOD THROUGH STRATEGIC NATIONAL AND COMMUNITY PARTNERSHIPS. AS A FOUNDATION, WE FOCUS ON THREE CORE PILLARS - CHILDHOOD HUNGER, YOUTH LEADERSHIP AND CAREER READINESS. WE DO BUSINESS AS THE ARBYS FOUNDATION, BUFFALO WILD WINGS FOUNDATION, SONIC FOUNDATION AND THE JIMMY JOHN'S FOUNDATION. THE ARBYS FOUNDATION BELIEVES THAT EVERY KID DESERVES TO DREAM BIG AND PURSUE THEIR DREAMS WITH CONFIDENCE. THE BUFFALO WILD WINGS FOUNDATION FUELS THE CHAMPIONS OF THE NEXT GENERATION. THE JIMMY JOHNS FOUNDATION EMPOWERS THE NEXT GENERATION TO DREAM BOLDLY AND THRIVE. THE SONIC FOUNDATION SPARKS BRIGHTER FUTURES FOR AMERICA'S YOUTH.

Name of the organization

INSPIRE BRANDS FOUNDATION, INC.

Employer identification number

58-1692997

ATTACHMENT 2FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
OTHER PROGRAM SERVICES TO FURTHER OUR MISSION	5,374,125.	6,176,279.	
TOTALS	<u>5,374,125.</u>	<u>6,176,279.</u>	

ATTACHMENT 3FORM 990, PART VI, LINE 17 - STATES

AL, AR, CA, CT,

FL, GA, IL, KS, KY, MD, MA, MI,

MN, MS, NV, NH, NJ, NM, NY, NC, ND, OR, PA,

SC, TN, UT, VA, WV, WI,

**SCHEDULE R
(Form 990)**Department of the Treasury
Internal Revenue Service**Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

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

OMB No. 1545-0047

2020**Open to Public
Inspection**

Name of the organization

INSPIRE BRANDS FOUNDATION, INC.

Employer identification number

58-1692997

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2020

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Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) INSPIRE BRANDS, INC. 13-3760393 THREE GLENLAKE PARKWAY ATLANTA, GA 30328	RESTAURANT	DE	N/A	C-CORP	0.	0.			X
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.		X
b Gift, grant, or capital contribution to related organization(s).		X
c Gift, grant, or capital contribution from related organization(s).	X	
d Loans or loan guarantees to or for related organization(s).		X
e Loans or loan guarantees by related organization(s).		X
f Dividends from related organization(s).		X
g Sale of assets to related organization(s).		X
h Purchase of assets from related organization(s).		X
i Exchange of assets with related organization(s).		X
j Lease of facilities, equipment, or other assets to related organization(s).		X
k Lease of facilities, equipment, or other assets from related organization(s).	X	
l Performance of services or membership or fundraising solicitations for related organization(s).		X
m Performance of services or membership or fundraising solicitations by related organization(s).	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).	X	
o Sharing of paid employees with related organization(s).		X
p Reimbursement paid to related organization(s) for expenses.		X
q Reimbursement paid by related organization(s) for expenses.		X
r Other transfer of cash or property to related organization(s).	X	
s Other transfer of cash or property from related organization(s).	X	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Schedule R (Form 990) 2020

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

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