Inspire Brands Foundation, Inc.

Public Inspection Copy
For the Year Ended
December 31, 2021

TAX RETURNS



INSPIRE BRANDS FOUNDATION, INC. INSTRUCTIONS FOR FILING FORM 8879-TE IRS E-FILE SIGNATURE AUTHORIZATION FOR FORM 990 FOR THE YEAR ENDED DECEMBER 31, 2021

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-TE 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, 2022. 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.

990 Form

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047
2021
Open to Public
Inspection

Department of the Treasury Internal Revenue Service

A F	or the	e 2021	calendar year, or tax year beginning an	d ending							
_	35.75	S 200	C Name of organization		D Employer iden	tificat	ion number				
B 0	heck if a	oplicable:	INSPIRE BRANDS FOUNDATION, INC.								
	Addre		Doing business as		58-1692	997					
	7 7	change	Number and street (or P.O. box if mail is not delivered to street address)	om/suite	E Telephone number						
	Initial	return	THREE GLENLAKE PARKWAY		(678)514-4100						
	Final	return/	City or town, state or province, country, and ZIP or foreign postal code								
	termir Amen	ded	ATLANTA, GA 30328		G Gross receipts	\$	16,789,016.				
	- return Applie	ation	F Name and address of principal officer: DANTON NOLAN		H(a) Is this a grou						
	pendi	ng	THREE GLENLAKE PARKWAY, ATLANTA, GA 30328		subordinates? H(b) Are all subordin		luded? Yes No				
ī	Tay-ey	empt st		527	4 8 8		st. See instructions				
		te: ►	WWW.FOUNDATION.INSPIREBRANDS.COM	1 1 2 2 .	H(c) Group exemp	tion nu	mber >				
		_	ization: X Corporation Trust Association Other ▶	I Year of forma	tion: 1986 M S						
_	art I		Immary	L Tear of forma	1011. 1900 111	riate c	or regar definitions.				
F											
	1		y describe the organization's mission or most significant activities:	CHANCE E	OR COOR						
Activities & Governance		THE	INSPIRE BRANDS FOUNDATION IGNITES AND NOURISHES	CHANGE F	OR GOOD.						
rna					/ - C:ttt-						
ove	2		this box if the organization discontinued its operations or disposed or				1 5				
Ö			er of voting members of the governing body (Part VI, line 1a)			3	15				
SS	4		er of independent voting members of the governing body (Part VI, line 1b)		to vigor an asset on their the	4	8				
jţį.	5		number of individuals employed in calendar year 2021 (Part V, line 2a)			5	14				
cţi	6		number of volunteers (estimate if necessary)			6	15				
A	7a	Total	unrelated business revenue from Part VIII, column (C), line 12		A 151 A 151 A 151 A	7a					
	b	Net u	nrelated business taxable income from Form 990-T, Part I, line 11			7b	NONE				
					Prior Year		Current Year				
e	8	Contr	ibutions and grants (Part VIII, line 1h)		11,532,29	7.	14,599,205.				
Revenue	9	Progra	am service revenue (Part VIII, line 2g)			NE	NONE				
eve	10	Invest	tment income (Part VIII, column (A), lines 3, 4, and 7d)		368,65	6.	473,931.				
œ	11	Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		92,95	8.	43,205.				
	12	Total	revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		11,993,91	1.	15,116,341.				
	13	Grant	s and similar amounts paid (Part IX, column (A), lines 1-3)		7,694,20	8.	8,887,899.				
	14		its paid to or for members (Part IX, column (A), line 4)	C URS SO WAY AND	NC	NE	NONE				
(A)	15		es, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,429,45	8.	1,483,461.				
Expenses	2010-00		ssional fundraising fees (Part IX, column (A), line 11e)			ONE	NONE				
per			fundraising expenses (Part IX, column (D), line 25) 887, 679.								
Ĕ			expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,029,02	6.	1,040,059.				
	201.000		expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	a state on the de to	10,152,69		11,411,419.				
	110000		nue less expenses. Subtract line 18 from line 12	a construction of the cons	1,841,21		3,704,922.				
T S	19	Revei	rue less expenses. Subtract line to nontiline 12		nning of Current Y	8	End of Year				
Net Assets or Fund Balances		T-1-1	and (Dat V. Band O)		11,528,06		15,512,573.				
Sala	20		assets (Part X, line 16)								
et A	21		liabilities (Part X, line 26)		1,652,23		1,671,745.				
			ssets or fund balances. Subtract line 21 from line 20		9,875,83	⊥•	13,840,828.				
Pa	rt II		gnature Block		4	many les	navilades and balish it is				
Un	der pei e. corre	nalties of	of perjury, I declare that I have examined this return, including accompanying schedules complete. Declaration of preparer (other than officer) is based on all information of which properties the properties of	and statements, preparer has any k	and to the best of nowledge.	ту к	nowledge and belief, it is				
Sic	. I				11/1	5/2	.022				
Sig			Signature of officer		Date						
He	re	L _	DANTON NOLAN TREAS	SURER							
_			Type or print name and title								
		Print/	Type preparer's name Preparer's signature	Date	Check	if P	TIN				
Paid		MAR	C A AZAR MARE A. Age	15/202	self-employe	ed E	91739349				
	parer	Firm's	sname ► SMITH & HOWARD, P.C.		Firm's EIN ▶	58	3-1250486				
Use	Only		saddress > 271 17TH STREET, NW SUITE 1600 ATLANTA, GA 30363		Phone no.	40)4-874-6244				
Ma	y the		iscuss this return with the preparer shown above? See instructions				1,7				
			Reduction Act Notice see the senarate instructions				Form 990 (2021)				

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Pa	art III	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	. x
1	•	lescribe the organization's mission:	
	SEE SC	CHEDULE O	
2		organization undertake any significant program services during the year which were not listed on the rm 990 or 990-EZ?	X No
•	If "Yes,"	describe these new services on Schedule O.	
3	services?	organization cease conducting, or make significant changes in how it conducts, any program ? Yes [describe these changes on Schedule O.	X No
4	expense	e the organization's program service accomplishments for each of its three largest program services, as meas es. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to I expenses, and revenue, if any, for each program service reported.	
4a	(Code: _) (Expenses \$1,325,160. including grants of \$1,325,160.) (Revenue \$)	
		& GIRLS CLUBS OF AMERICA (BGCA): WE CONTRIBUTE FUNDS TO ORT BGCA, AN ORGANIZATION THAT ENABLES ALL YOUNG PEOPLE TO	
		H THEIR FULL POTENTIAL AS PRODUCTIVE, CARING, RESPONSIBLE	
		ZENS. OUR FUNDING SUPPORTS YOUTH SPORTS PROGRAMS THAT BUILD	
	CHARA	ACTER AND PROMOTE A HEALTHY LIFESTYLE, ALIGNING WITH OUR	
		ION TO BUILD COMMUNITIES WHERE ALL KIDS CAN THRIVE, COMPETE,	
	AND E	BELONG TO A TEAM.	
4b	(Code:) (Expenses \$ 1,005,000. including grants of \$ 1,005,000.) (Revenue \$)	
	SHARE	OUR STRENGTH: WE CONTRIBUTE FUNDS TO SUPPORT NO KID HUNGRY,	
	_A NAT	FIONAL CAMPAIGN RUN BY SHARE OUR STRENGTH FOCUSED ON ENDING	
		DHOOD HUNGER. THESE FUNDS GO TOWARDS PROGRAMS AND INITIATIVES	
	THAT	ALIGN WITH OUR CORE PILLAR OF FIGHTING CHILDHOOD HUNGER.	
4c	(Code:) (Expenses \$ 468,036. including grants of \$ 468,036.) (Revenue \$)	
	THE F	FOLDS OF HONOR FOUNDATION: WE CONTRIBUTE FUNDS TO THE FOLDS OF	
	HONOR	R FOUNDATION, A NONPROFIT THAT PROVIDES EDUCATIONAL	
	SCHOL	LARSHIPS TO SPOUSES AND CHILDREN OF FALLEN OR WOUNDED	
	VETER	RANS. OUR FUNDS ARE FOCUSED SPECIFICALLY ON EDUCATIONAL	
	SCHOL	LARSHIPS FOR YOUTH.	
4 _d	Other or	rogram services (Describe on Schedule O.) SEE SCHEDULE O	
TU	(Expense		
	<u> </u>	ngram service expenses • 0.714, 802	

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Part	IV Checklist of Required Schedules			
	<u> </u>		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
-	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,			
-	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
-	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			
	complete Schedule D, Part III	8	Х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Χ
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Χ
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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	16		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	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on]	1	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?]		
	If "Yes," complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

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Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		21
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
·		240		
	to defease any tax-exempt bonds?	24c		
		24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	0.5		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26	X	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
•	or IV, and Part V, line 1	34	х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
~	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	005		
30	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		- 22
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
20		31		Λ
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	20	ν,	
Dark	19? Note: All Form 990 filers are required to complete Schedule O	38	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	. No
4 -	Enter the number reported in hex 2 of Form 4006. Futer 0 if not applicable		162	INO
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
ISA	reportable gaming (gambling) winnings to prize winners?	1c	X	

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Par	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 14			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		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?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	-		
	Enter the amount of reserves on hand	44.		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-		37
	excess parachute payment(s) during the year?	15		X
4.0	If "Yes," see the instructions and file Form 4720, Schedule N.	16		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
4 –	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	17		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	H'		

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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

Sect	ion 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 1a 15			
	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	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		37	
	any other officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct	,		v
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		_ <u></u>
6 7-	Did the organization have members or stockholders?			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a	Х	
L	one or more members of the governing body?	, a	21	
D	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
Ū	the year by the following:			
а	The governing body?	8a	Х	
a b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on 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	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	425	3.7	
	describe on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	14	X	
14	Did the organization have a written document retention and destruction policy?	14	Λ	
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? The organization's CEO, Executive Director, or top management official	15a	Х	
a b	Other officers or key employees of the organization	15b	X	
b	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
···	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ SEE SCHEDULE O			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	Γ (sect	ion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Upon request Other (explain on Schedule 0)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict or	f inter	est p	olicy,
	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 record RYAN VAN SICKLE THREE GLENLAKE PARKWAY ATLANTA, GA 30328	s 🕨		
	678-514-4100		990	(2021)

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	unles	Pos neck ss pe	erson	e than c is both tor/trust Highest compensated employee	an tee)	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) STUART BROWN	40.00									
EXECUTIVE DIRECTOR	NONE			Х				209,362.	NONE	28,401.
(2) RYAN VAN SICKLE	40.00									
DIRECTOR OF OPERATIONS	NONE					X		138,843.	NONE	21,554.
(3) EMILY CRAWFORD	40.00									
DIRECTOR OF IMPACT	NONE					Х		141,706.	NONE	11,447.
(4) UTA BELVIN	40.00									
SR. FINANCE MANAGER THRU JUNE	NONE					Х		107,181.	NONE	7,367.
(5) DAN STEPHENS	40.00									
COMMUNITY IMPACT MGR THRU JUNE	NONE					Х		102,165.	NONE	9,260.
(6) DANTON NOLAN	2.00									
VICE CHAIRMAN/TREASURER	40.00	X		Х				NONE	NONE	NONE
(7) CHRIS FULLER	2.00									
CHAIRMAN	40.00	Х		Х				NONE	NONE	NONE
(8) CHRIS HELD	2.00									
SECRETARY	40.00	Х		Х				NONE	NONE	NONE
(9) PATTY TUCKER	1.00									
TRUSTEE	NONE	X		Х				NONE	NONE	NONE
(10) JIM TAYLOR	1.00									
TRUSTEE	40.00	X						NONE	NONE	NONE
(11) LYLE TICK	1.00									
TRUSTEE	40.00	Х						NONE	NONE	NONE
(12) CLAUDIA SAN PEDRO	1.00									
TRUSTEE	40.00	Х						NONE	NONE	NONE
(13) DAVID POWELL	1.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(14) JAMES NORTH	1.00									
TRUSTEE	40.00	X						NONE	NONE	NONE 990 (2021)

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Part VII Section A. Officers, Directors, Tru	istops Ka	v Fr	nlo	V06	26	and F	lia	hest Compensat	ed Employ	VOOS (C	ontinuo		Page 8
(A)	(B)	у С п	ipio	yec (C		anu i	iig	(D)	(E)	yees (c	onunue	(F)	
Name and title	Average hours per week (list any	,		Pos neck	ition more	e than o		Reportable compensation from	Reporta compensati relate	on from	am	timated nount of other	
	hours for related organizations below dotted line)	office Individual trustee or director	a Institutional trustee		Key employee	Highest compensated employee	ee) Former	the organization (W-2/1099-MISC)	organiza (W-2/1099	tions	fro orga and	pensation the anization related	on d
15) MARSHALL FREEMAN	1.00												
TRUSTEE	NONE	X						NONE		NONE			NONE
16) ED BAKER	1.00 NONE	- 37						NONE		NIONIE			NTONTE
TRUSTEE 17) BILL BOLLING	1.00	X						NONE		NONE			NONE
TRUSTEE	NONE	X						NONE		NONE			NONE
18) TRAVIS MURPHY	1.00	_ A						NONE		NONE			IVOIVE
TRUSTEE	NONE	X						NONE		NONE			NONE
19) CHARLIE MORGAN	1.00	_											
TRUSTEE	NONE	X						NONE		NONE			NONE
20) RENEE DUCRE	1.00	-											
TRUSTEE	NONE	X						NONE		NONE			NONE
1b Sub-total							\blacktriangleright	699,257.		NONE		78,	029.
c Total from continuation sheets to Part VII, S	ection A							NONE		NONE			NONE
d Total (add lines 1b and 1c)							<u> </u>	699,257.		NONE		<u>78,</u>	029.
2 Total number of individuals (including but not reportable compensation from the organization		hose	liste	d al	bove	e) who 5	o re	eceived more than	\$100,000	of			
												Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu											3		X
4 For any individual listed on line 1a, is the sorganization and related organizations greater that the state of the state	eater than	\$15	50,0	00?	^l If	"Yes	5, "	complete Schedu	le J for	such		77	
 individual Did any person listed on line 1a receive or for services rendered to the organization? If "Ye 	accrue co	mpen	satio	on f	fron	n any	un	related organization	on or indiv	idual	5	X	v
Section B. Independent Contractors	zs, comple	ie SCI	ieau	ie J	101	Sucii	μer	SUII			J		X
Complete this table for your five highest com- compensation from the organization. Report co- year.													
(A) Name and business add	lress							(B) Description of se	ervices	С	(C) ompens	ation	

(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 ▶

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Part VIII Statement of Revenue

		Check if Schedule (Осс	ntains a r	espor	nse or note to ar	y line in this Part V	/111		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ıts	1a	Federated campaigns .			1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		[1b					
۵ٌڲ	С	Fundraising events		[1c	1,805,871.				
ifts Ir A	d	Related organizations .		[1d	2,126,524.				
פֿיַּׂ	e	Government grants (con		- [1e					
Sin	f	All other contributions, g		. [
atio er (-	and similar amounts not inc		- 1	1f	10,666,810.				
£ in	g	Noncash contributions in		ı						
gut	9	lines 1a-1f			1g	\$ 193,300.				
a a a	h	Total. Add lines 1a-1f					14,599,205.			
	- "	Total. Add lilles 1a-11	• •			Business Code	14,333,203.			
a)						Dusilless Code				
Ż.	2a									
Ser	b									
Z Z	С									
gra Re	d									
Program Service Revenue	е									
4	f	All other program service								
	g	Total. Add lines 2a-2f .					NONE			
	3	Investment income (in	nclud	ding divid	ends,	interest, and				
		other similar amounts).					167,194.			167,194.
	4	Income from investment		-			NONE			
	5	Royalties	• •				NONE			
				(i) Rea	aı	(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses	6b							
	С	Rental income or (loss)	6c		NONE	NONE				
	d	Net rental income or (los	s) .				NONE			
	7a	Gross amount from		(i) Secur	ities	(ii) Other				
		sales of assets								
		other than inventory	7a	1,85	5,581.	NONE				
ne	b	Less: cost or other basis								
evenue		and sales expenses	7b	1,54	6,134.	2,710.				
Rev	С	Gain or (loss)	7с	30	9,447.	-2,710.				
	d	Net gain or (loss)			. <u></u>	<u></u> ▶	306,737.			306,737.
Other	8a	Gross income from	f	undraising						
0		events (not including \$ _	1	,805,871.						
		of contributions repor	rted	on line						
		1c). See Part IV, line 18			8a	167,036.				
	b	Less: direct expenses				123,831.				
	С	Net income or (loss) from					43,205.			43,205.
	9a	Gross income fro	om	gaming						
		activities. See Part IV, line			9a	NONE				
	b	Less: direct expenses			۱	NONE				
	C	Net income or (loss) fro					NONE			
	10a	Gross sales of inv	_	-						
		returns and allowances		•	10a	NONE				
	b	Less: cost of goods sold				NONE				
		Net income or (loss) from					NONE			
S		, ,				Business Code				
Miscellaneous Revenue	11a									
ane										
elk Ve	b									
Re	c d	All other revenue								
Ξ	e e	Total. Add lines 11a-11d				_	NONE			
	12	Total revenue. See instru					15,116,341.			517,136.
							10,110,011.		1	317,130.

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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									
	not include amounts reported on lines 6b, 7b, 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	8,887,899.	8,887,899.						
2	Grants and other assistance to domestic								
	individuals. See Part IV, line 22	NONE							
3	Grants and other assistance to foreign								
	organizations, foreign governments, and								
	foreign individuals. See Part IV, lines 15 and 16	NONE							
4	Benefits paid to or for members	NONE							
5	Compensation of current officers, directors,								
	trustees, and key employees	237,995.	95,844.	91,427.	50,724				
6	Compensation not included above to disqualified								
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)	NONE							
7	Other salaries and wages	1,096,960.	441,762.	421,402.	233,796.				
8	Pension plan accruals and contributions (include	24,399.	9,826.	9,373.	5,200				
	section 401(k) and 403(b) employer contributions)								
9	Other employee benefits	52,844.	21,281.	20,300.	11,263				
10	Payroll taxes	71,263.	28,699.	27,376.	15,188.				
	Fees for services (nonemployees):								
	Management	NONE		0= 101					
	Legal	27,101.		27,101.					
	Accounting	31,000.		31,000.					
	Lobbying	NONE							
е	Professional fundraising services. See Part IV, line 17.	NONE							
f	Investment management fees	54,747.		54,747.					
g	Other. (If line 11g amount exceeds 10% of line 25, column	70 114	20 044	10 510	10 250				
	(A), amount, list line 11g expenses on Schedule O.)	70,114.	38,244.	12,512.	19,358.				
	Advertising and promotion	NONE	07.415	60.053	20 627				
13	Office expenses	118,305.	27,415.	62,253.	28,637				
14	Information technology	NONE							
15	Royalties	NONE	1 202	1 100	407				
16	Occupancy	2,889.	1,292.	1,100.	497				
	Travel	NONE							
18	Payments of travel or entertainment expenses	MONTE							
	for any federal, state, or local public officials	NONE							
	Conferences, conventions, and meetings	NONE NONE							
	Interest Payments to affiliates	NONE							
21	Depreciation, depletion, and amortization	15,938.		15,938.					
	Insurance	NONE		10,900.					
	Other expenses. Itemize expenses not covered	HOINE							
-4	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.)								
а	RESTAURANT FUNDRAISING	523,016.			523,016.				
	IMPACT AND AWARENESS	196,949.	162,541.	34,408.	323,020.				
		,	2-,	,					
d									
	All other expenses								
	Total functional expenses. Add lines 1 through 24e	11,411,419.	9,714,803.	808,937.	887,679.				
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	,,	.,,	222,23					
	fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)								

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Part X Balance Sheet

			(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing		3,178,358.	1	4,284,887.
2	Savings and temporary cash investments		793,912.	2	794,032.
3	Pledges and grants receivable, net		NONE	3	NON
4	Accounts receivable, net		988,110.	4	2,453,652.
5	Loans and other receivables from any current or former officer, dir				
	trustee, key employee, creator or founder, substantial contributor, o				
	controlled entity or family member of any of these persons		NONE	5	750,000
6	Loans and other receivables from other disqualified persons (as d				,
	under section 4958(f)(1)), and persons described in section 4958(c)(3		NONE	6	NON
7	Notes and loans receivable, net		NONE		NON
8	Inventories for sale or use		NONE		NON
9	Prepaid expenses and deferred charges		17,441.	9	7,693
_	Land, buildings, and equipment: cost or other				.,,,,,
		1,197.			
h		699.	34,285.	100	24,498
11	Investments - publicly traded securities		6,515,962.	11	7,197,811
12	Investments - other securities. See Part IV, line 11		NONE		NON
13	Investments - program-related. See Part IV, line 11.		NONE		NON
14	Intangible assets	_	NONE		NON
15	Other assets. See Part IV, line 11		NONE		NON
16			11,528,068.		15,512,573
	Total assets. Add lines 1 through 15 (must equal line 33)			16	
17	Accounts payable and accrued expenses		311,157.	17	270,256
18	Grants payable		1,341,080.	18	1,401,489
19	Deferred revenue		NONE		NON
20	Tax-exempt bond liabilities		NONE		NON
21	Escrow or custodial account liability. Complete Part IV of Schedule D		NONE	21	NON
22	Loans and other payables to any current or former officer, dir				
	trustee, key employee, creator or founder, substantial contributor, o				
	controlled entity or family member of any of these persons		NONE		NON
23	Secured mortgages and notes payable to unrelated third parties		NONE		NON
24	Unsecured notes and loans payable to unrelated third parties	_	NONE	24	NON
25	Other liabilities (including federal income tax, payables to related				
	parties, and other liabilities not included on lines 17-24). Complete				
	of Schedule D		NONE		NON
26	Total liabilities. Add lines 17 through 25		1,652,237.	26	1,671,745
	Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.				
27	Net assets without donor restrictions		8,769,701.	27	12,599,858
28	Net assets with donor restrictions	[1,106,130.	28	1,240,970
27 28 29 30 31 32	Organizations that do not follow FASB ASC 958, check here ▶ 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		9,875,831.	32	13,840,828
33	Total liabilities and net assets/fund balances		11,528,068.	33	15,512,573
100	. The manifest and not decete, and buildings, and a second		11,020,000.	55	Form 990 (2021)

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Part	XI Reconciliation of Net Assets					$\overline{}$
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			16,	
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>11,</u>	
3	Revenue less expenses. Subtract line 2 from line 1	3			04,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		9,8	75,	<u>831</u>
5	Net unrealized gains (losses) on investments	5		2	60,	<u>075</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	1	3,8	40,	828
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi					
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersiaht	of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	_		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, ex					
	Schedule O.					
3 <i>a</i>	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in t	he			
Ju	Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	erao 1	the			
~	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a			3b		

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

Attach to Form 990 of Form 990-EZ.

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

INS	SPII	RE BRANDS FOUNDATION	N, INC.				58-1	692997
Pa	rt I	Reason for Public Cha	rity Status. (All o	organizations must o	complet	te this p	art.) See instructions	S.
The	orga	anization is not a private fou	ndation because it	is: (For lines 1 throu	gh 12, ch	eck only	one box.)	
1		A church, convention of chu	urches, or associa	tion of churches desci	ribed in s	ection 1	70(b)(1)(A)(i).	
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90).)		
3		A hospital or a cooperative	hospital service o	rganization described	in sectio	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed in	section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st	ate:	-				
5		An organization operated t	for the benefit of	a college or universit	y owned	d or ope	erated by a governme	ental unit described in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)	_		-		
6		A federal, state, or local go		rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7	X	An organization that norma						om the general public
		described in section 170(b)	(1)(A)(vi). (Compl	ete Part II.)				
8		A community trust describe		-	Part II.)			
9		An agricultural research org					I in conjunction with a	land-grant college
		or university or a non-land-	=			-	=	
		university:		,	,			· ·
10		An organization that norma	lly receives (1) mo	ore than 331/3 % of its	support	from.cor	ntributions, membersh	ip fees, and gross
		receipts from activities rela support from gross investm	ted to its exempt the sent income and in	unctions, subject to c prelated business tax	ertain ex able incc	ceptions	s; and (2) no more than s section 511 tax) from	1 331/3 % of its businesses
		acquired by the organizatio						24011100000
11		An organization organized	and operated exclu	usively to test for publi	c safety.	See sec	tion 509(a)(4).	
12		An organization organized a	and operated exclu	sively for the benefit o	of, to per	form the	functions of, or to car	ry out the purposes of
		one or more publicly support	rted organizations	described in section 5	09(a)(1)	or secti	ion 509(a)(2). See sec	tion 509(a)(3). Check
	_	the box on lines 12a throug	h 12d that describ	es the type of suppor	ting orga	anization	and complete lines 1	2e, 12f, and 12g.
а		Type I. A supporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
		the supported organization	on(s) the power to	regularly appoint or e	lect a m	ajority of	the directors or truste	es of the
	_	_ supporting organization. \	You must complet	e Part IV, Sections A	and B.			
b			anization supervise	ed or controlled in co	nnection	with its	supported organization	on(s), by having
		control or management of	of the supporting o	rganization vested in	the sam	e persor	ns that control or man	age the supported
	_	_ organization(s). You must	complete Part IV	, Sections A and C.				
С		$oxedsymbol{oxed}$ Type III functionally integ	grated. A supporti	ng organization opera	ited in co	onnectio	n with, and functional	lly integrated with,
	_	$_{\lnot}$ its supported organizatior	n(s) (see instruction	s). You must comple	te Part I	V, Section	ons A, D, and E.	
d		Type III non-functionally						=
		that is not functionally inte	-	-	-		•	d an attentiveness
		$_{ m extstyle extstyle$	•	-				
е	L	☐ Check this box if the orga						I, Type III
	_	functionally integrated, or			porting o	organizat	ion.	
T		ter the number of supported	•					• • • • • • • • • • • • • • • • • • • •
9		ovide the following information						(-i) A
	(I) N	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))		ment?	instructions)	instructions)
					Yes	No		
(A)								
(B)								
·								
(C)								
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Tota								
ı Uta	a i							

Schedule A (Form 990) 2021 Page 2

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

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

Sec	tion A. Public Support			•	•	•		
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7,398,980.	7,686,694.	10,684,154.	11,532,297.	14,599,205.	51,901,330.	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE	
4 5	Total. Add lines 1 through 3 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	7,398,980.	7,686,694.	10,684,154.	11,532,297.	14,599,205.	51,901,330.	
^	shown on line 11, column (f)						2,974,973.	
<u>6</u>	Public support. Subtract line 5 from line 4 tion B. Total Support						48,926,357.	
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
7	Amounts from line 4	7,398,980.	7,686,694.	10,684,154.	11,532,297.	14,599,205.	51,901,330.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	204,410.	241,963.	253,016.	157,881.	167,194.	1,024,464.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	NONE	NONE	NONE			NONE	
11	Total support. Add lines 7 through 10						52,925,794.	
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	1,216,821.	
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u> </u>						
	tion C. Computation of Public Sup			44		44	92.44 %	
14 15	Public support percentage for 2021 (li Public support percentage from 2020		•			15	94.96 %	
15								
	a 331/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
17a	this box and stop here . The organization qualifies as a publicly supported organization							
b 18	10%-facts-and-circumstances test - 2 15 is 10% or more, and if the organizin Part VI how the organization meets organization	2020. If the orgation meets the sthe facts-and not check	ganization did no e facts-and-circu -circumstances t 	ot check a box umstances test, est. The organia 13, 16a, 16b,	on line 13, 16 check this boyzation qualifies	a, 16b, or 17a, c and stop here . as a publicly su	and line Explain Ipported and see	

Schedule A (Form 990) 2021 Page **3**

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.)

Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
	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.						
r	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support		•		•	•	•
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar						
L	Sources						
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
_	acquired after June 30, 1975						
	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						
42	(Explain in Part VI.)						+
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	41	 		550		F04/ \/0\
14	First 5 years. If the Form 990 is for	_					
800	organization, check this box and stop here.						🟲 🔼
	Public support percentage for 2021 (line 8		_	mn (f))		15	0/
15 16	Public support percentage for 2021 (line 8,	. ,	•			15	%
16 Soc	Public support percentage from 2020 Sche					16	%
	tion D. Computation of Investment			12 polymer (5)		47	0/
17	Investment income percentage for 2021 (lin					17	%
18	Investment income percentage from 2020 S					18	<u>%</u>
19 a	331/3% support tests - 2021. If the or	-					
	17 is not more than 331/3%, check this	-	•	-	•		
b	331/3% support tests - 2020. If the orga						
	line 18 is not more than 331/3 %, check		•	•	. ,		
20	Private foundation. If the organization of	aia not check	a pox on line 1	14, 19a, or 19b	, cneck this bo	x and see instr	uctions 🟲

Schedule A (Form 990) 2021 Page **4**

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

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

		Yes	No
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Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	11b		
С	provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations	110		
	71 11 0 0		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on 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			
Socti	the supported organization(s). on D. All Type III Supporting Organizations	1		
Secu	on D. All Type III Supporting Organizations		Vas	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		103	140
_	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.			
Section	on E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ons)	
a b	The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.		0110).	
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instr	uction	s).
2	Activities Test Answer lines 22 and 2h holow		Yes	No
2 a	Activities Test. <i>Answer lines 2a and 2b below.</i> 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? <i>If</i> "Yes," <i>then in Part VI identify</i>			
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>	20		
э 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.	3a		<u> </u>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Vos." describe in Part VI the role played by the organization in this regard	2 h		

Page 6 Schedule A (Form 990) 2021

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	S	
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organic			
Se	ection 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		
Se	ection 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		
	Fair market value of other non-exempt-use assets	1c		
	I Total (add lines 1a, 1b, and 1c)	1d		
е	e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7		7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Se	ection C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
	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	-	5		
6		6		
7			ted Type III supportin	g organization

Schedule A (Form 990) 2021

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Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)		
Sect	on D - Distributions		,		Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	ed			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
_10	Line 8 amount divided by line 9 amount	Г		10	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ıs	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
	From 2018				
d	From 2019				
e f	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
<u>g</u> h	Applied to 2021 distributable amount				
<u>:-</u>	Carryover from 2016 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from				
	Section D, line 7:				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2017				
b	Excess from 2018				
C	Excess from 2019				
d	Excess from 2020				
<u>e</u>	Excess from 2021				

Schedule A (Form 990) 2021

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information.

Employer identification number Name of the organization INSPIRE BRANDS FOUNDATION, INC. 58-1692997 Organization type (check one): Filers of: Section: X 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), 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

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one

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

contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such

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

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

Schedule B (Form 990) (2021)

"N/A" in column (b) instead of the contributor name and address), II, and III.

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 neede	Part I	Contributors (see instructions).	Use duplicate copies of Part	I if additional space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	N/A	\$437,703.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	N/A	\$2,126,524.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Supplemental Financial Statements

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number INSPIRE BRANDS FOUNDATION, INC. 58-1692997 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 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. 1a 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: 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:

Pa	rt III Organizations Maintaining	<u> </u>									
3	Using the organization's acquisition,	, accession,	and other r	ecords, chec	k any o	f the	follow	ing that m	ake sigr	ificant u	se of its
	collection items (check all that apply)):									
а	X Public exhibition		d	X Loan	or excha	ange	progra	m			
b	Scholarly research		е	Other							
С	Preservation for future general	tions									
4	Provide a description of the organiz		ections and	explain how	thev fur	ther	the or	ganization's	exemp	purpose	in Part
	XIII.			•	,			5	•		
5	During the year, did the organization	solicit or red	ceive donation	ons of art. hist	orical tr	easu	res. or	other simila	ır		
-	assets to be sold to raise funds rathe									Yes	X No
Pa	rt IV Escrow and Custodial Arr			до ран с от нио	ga						21 110
	Complete if the organization 990, Part X, line 21.	on answere	ed "Yes" on	·						nt on Foi	m
1a	Is the organization an agent, truste	e, custodiar	n or other ir	ntermediary f	or contr	ributi	ons or	other asse	ts not _		
	included on Form 990, Part X?								L	Yes	No
b	If "Yes," explain the arrangement in	Part XIII and	l complete th	ne following tal	ble:						
									Amount		
С	Beginning balance					1c					
d	Additions during the year					1d					
е	Distributions during the year					1e					
f	Ending balance					1f					
2a	Did the organization include an amou					or cu	stodial	account liab	oility?	Yes	No
b	If "Yes," explain the arrangement in	Part XIII. Ch	eck here if t	he explanatior	n has be	en pr	ovided	on Part XIII			
Pa	rt V Endowment Funds.			-							
	Complete if the organization	on answere	ed "Yes" on	Form 990, I	Part Ⅳ,	line	10.				
		(a) Current y	ear (k) Prior year	(c) Two	o year	s back	(d) Three ye	ars back	(e) Four y	ears back
1a	Beginning of year balance										
h	Contributions										
	Net investment earnings, gains,										
·	and losses										
٦	Grants or scholarships										
d	-										
е	Other expenditures for facilities										
	1 3										
T											
g	End of year balance										
2 a	Provide the estimated percentage of Board designated or quasi-endowme	nt ▶	%	llance (line 1g	, column	(a))	neld as	i:			
b	Permanent endowment	[%]									
С	Term endowment ▶%		1.4000/								
•	The percentages on lines 2a, 2b, and		-	!4!			1				
3a	Are there endowment funds not in th	ie possessio	on or the orga	anization that	are nei	a and	a admir	nistered for t	ne	[v	es No
	organization by:									$\overline{}$	65 140
	(i) Unrelated organizations									3a(i)	
_	(ii) Related organizations									3a(ii)	
	If "Yes" on line 3a(ii), are the related	•		•		?				3b	
4	Describe in Part XIII the intended use		ganization's	endowment tu	nas.						
Pa	rt VI Land, Buildings, and Equip Complete if the organization	ion answer	ed "Yes" or	Form 990.	Part IV.	line	11a. S	See Form	990, Pa	rt X, line	10.
	Description of property		Cost or other ba	asis (b) Cost	or other ba		(c) Ac	cumulated) Book valu	
_	Land		(investment)	(0	other)		depr	eciation			
_	Land					-					
b	Buildings					_					
С	Leasehold improvements					\dashv					
d	Equipment				84,19	7.		59,699.		24	1,498.
	Other										
Tota	I. Add lines 1a through 1e. (Column (d) must equ	al Form 990,	Part X, colum	n (B), lin	ie 10	c.)	▶		24	1,498.

Schedule D (F	-orm 990) 2021 INSPIRE BRANDS	FOUNDATION, I	<u>.NC.</u> 5	8-1692997 Page
Part VII	Investments - Other Securities. Complete if the organization answered	"Ves" on Form 00	N Part IV line 11h See Form 000	Part V line 12
	(a) Description of security or category	(b) Book value	(c) Method of valua	
	(including name of security)	.,	Cost or end-of-year mark	ket value
(1) Financia	al derivatives			
	held equity interests			
(3) Other _				
(A)				
(B)				
(C)				
(D) (E)			+	
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII				
	Complete if the organization answered	"Yes" on Form 99	00, Part IV, line 11c. See Form 990	, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valua Cost or end-of-year mark	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
I di t ix	Complete if the organization answered	"Yes" on Form 99	0, Part IV, line 11d. See Form 990	, Part X, line 15.
		scription	· · · · · ·	(b) Book value
(1)		•		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	umn (b) must equal Form 990, Part X, col. (B) li	ne 15)		
Part X	Other Liabilities.	110 10.)		
	Complete if the organization answered line 25.	"Yes" on Form 99	00, Part IV, line 11e or 11f. See For	m 990, Part X,
1.	(a) Descript	tion of liability		(b) Book value
(1) Feder	ral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
1.711				·

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	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	٦.	
1	Total revenue, gains, and other support per audited financial statements	1	15,891,470.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
_	Other (Describe in Part XIII.)		
d	, , , , , , , , , , , , , , , , , , , ,	2e	829,876.
e	Add lines 2a through 2d	3	15,061,594.
3	Subtract line 2e from line 1	,	13,001,354.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b		
a	, , , , , , , , , , , , , , , , , , , ,		
b		40	E 4 7 4 7
с 5	Add lines 4a and 4b	4c 5	54,747.
Part		_	15,116,341.
Part	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	11,926,473.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	569,801.
3	Subtract line 2e from line 1	3	11,356,672.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	54,747.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	11,411,419.
Part	XIII Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; P XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
SEE	SUPPLEMENTAL PAGE		

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 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 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, 2021, THERE ARE NO KNOWN ITEMS WHICH RESULT IN RECORDING A LIABILITY RELATED TO UNCERTAIN TAX POSITIONS. IN GENERAL, THE FOUNDATION IS NO LONGER SUBJECT TO TAX EXAMINATIONS FOR TAX YEARS ENDING BEFORE DECEMBER 31, 2018.

PART XI, LINE 2D

\$123,831 FUNDRAISING EVENT EXPENSES NETTED WITH FUNDRAISING GROSS INCOME

PART XII, LINE 2D

\$123,831 FUNDRAISING EVENT EXPENSES NETTED WITH FUNDRAISING GROSS INCOME

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

2021

Open to Public

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Employer identification number

Name of the organization					Employer identification	on number					
INSPIRE BRANDS FOUNDATION, IN	58-1692997										
Part I Fundraising Activities. Comp				Yes" on Form 99	90, Part IV, line 1	7.					
Form 990-EZ filers are not re	quired to comple	ete this pa	ırt.								
1 Indicate whether the organization rais	sed funds through	any of the	following	activities. Check	all that apply.						
a Mail solicitations	е	Solid	citation of	non-government g	grants						
b Internet and email solicitations											
c Phone solicitations	Phone solicitations g Special fundraising events										
d In-person solicitations											
2a Did the organization have a written or	r oral agreement v	with any in	dividual (in	cluding officers, o	lirectors, trustees,						
or key employees listed in Form 990. b If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the	, Part VII) or entity viduals or entities	in connec	ction with p	rofessional fundra	ising services?	Yes No fundraiser is to be					
•	J										
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody	ndraiser have or control of outions?	(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		100									
2											
3											
4											
5											
6											
7											
8											
9											
- <u>-</u> -											
10											
Total		•	•								
3 List all states in which the organization or licensing.	tion is registered (or licensed	d to solicit	contributions or	has been notified	it is exempt from					
AL, AK, AR, CA, CO, CT, FL, GA, HI, IL											
KS, KY, ME, MD, MA, MI, MN, MS, NV, NH		ND OH									
OK, OR, PA, SC, TN, UT, VA, WA, WV, WI		, ND , OII ,									
	,										

58-1692997 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	0.			
			(a) Event #1 PARTNER PROGRAM	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
_			(event type)	(event type)	(total number)	col. (c))
nue		_				
Revenue	1	Gross receipts	1,972,907.			1,972,907.
ď	2	Less: Contributions	1,805,871.			1,805,871.
		Gross income (line 1 minus	1,003,071.			1,005,071.
		line 2)	167,036.			167,036.
	4	Cash prizes				
	5	Noncash prizes	1,031.			1,031.
Ś						
nse	6	Rent/facility costs	5,568.			5,568.
Direct Expenses	7	Food and hoverages	02 505			02 505
	′	Food and beverages	23,785.			23,785.
je	8	Entertainment	8,847.			8,847.
	9	Other direct expenses	84,600.			84,600.
	10	Direct expense summary. Add line	es 4 through 9 in colu	mn (d)		123,831.
	11	Net income summary. Subtract li	ne 10 from line 3, colu	ımn (d)		43,205.
Pa	rt I	Gaming. Complete if the org	anization answered "			
		\$15,000 on Form 990-EZ, lin	e 6a.	T T		
ne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				g		· · · · · · · · · · · · · · · · · · ·
<u>~</u>	1	Gross revenue				
"						
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Ж						
rect	4	Rent/facility costs				
⊡						
	5	Other direct expenses	Yes %	Yes%	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add line	es 2 through 5 in colu	mn (d)		
		Not goming in come our mont Cu	uhtraat lina 7 fram lina	1 aclumn (d)		
		Net gaming income summary. Su		r, column (u)		
9		Enter the state(s) in which the orga	anization conducts ga	ming activities:		
a		ls the organization licensed to con				Yes No
k)	If "No," explain:				
10a	1	Were any of the organization's gaming	g licenses revoked, sus	oended, or terminated du	uring the tax year?	Yes No
k		16.113.4				

(Form 990 or 990-EZ) 2021 INSPIRE BRANDS FOUNDATION, INC. 58-1692997 Is the organization conduct gaming activities with nonmembers? Yes Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity Indeed to administer charitable gaming?	
ress \(\)	% %
cate the percentage of gaming activity conducted in: organization's facility	% %
organization's facility	<u>%</u>
butside facility	<u>%</u>
er the name and address of the person who prepares the organization's gaming/special events books and ords: ne ress s the organization have a contract with a third party from whom the organization receives gaming enue? fes," enter the amount of gaming revenue received by the organization s the organization have a contract with a third party from whom the organization receives gaming enue? fes," enter the amount of gaming revenue received by the organization s the organization receives gaming enue? for the name and address of the person who prepares the organization's gaming/special events books and ords:	
ress ►	
s the organization have a contract with a third party from whom the organization receives gaming enue? Yes," enter the amount of gaming revenue received by the organization and the point of gaming revenue retained by the third party \$\sum_{\text{quantity}}\$	·
s the organization have a contract with a third party from whom the organization receives gaming enue?	
enue?	No
es, enter name and address of the tillid party.	
ne ▶	
ress ►	
ning manager information:	
ne ▶	
ning manager compensation ▶\$	
cription of services provided ▶	
Director/officer	
in the state gaming license?	No No
ni ni ni ni ci ne in	ng manager information: proposed in the state gaming license?

Department of the Treasury

Internal Revenue Service

Name of the organization

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

2021

Open to Public Inspection

Employer identification number

INSPIRE BRANDS FOUNDATION, INC.						58-1692997					
Part I General Information on Grants and	d Assistanc	е									
Does the organization maintain records to so the selection criteria used to award the grant			-	-			X Yes No				
2 Describe in Part IV the organization's proced											
							/a.a.ll. a.a.				
Part II Grants and Other Assistance to D		_					es 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.											
(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) BOYS & GIRLS CLUBS OF AMERICA											
1275 PEACHTREE ST. ATLANTA, GA 30309	13-5562976	501 (C) 3	1,325,000.	160.			MISSION SUPPORT				
(2) SHARE OUR STRENGTH											
1030 15TH STREET NW, SUITE 1100W	52-1367538	501 (C) 3	1,005,000.				MISSION SUPPORT				
(3) THE FOLDS OF HONOR FOUNDATION											
5800 N. PATRIOT DRIVE OWASSO, OK 74055	75-3240683	501 (C) 3	468,036.				MISSION SUPPORT				
(4) BIG BROTHERS BIG SISTERS OF AMERICA											
2502 ROCKY POINT DRIVE SUITE 550	23-1365190	501 (C) 3	250,000.				MISSION SUPPORT				
(5) CHILDREN'S HEALTHCARE OF ATLANTA FOUNDATION											
1575 NORTHEAST EXPRESSWAY NE	58-1710601	501 (C) 3	239,669.				MISSION SUPPORT				
(6) BOYS & GIRLS CLUBS OF OKLAHOMA COUNTY, INC.											
2915 N CLASSEN BLVD, SUITE 500	73-1472202	501 (C) 3	127,500.	189.			MISSION SUPPORT				
(7) KIDS' FOOD BASKET											
1300 PLYMOUTH AVE NE GRAND RAPIDS, MI 49505	04-3760991	501 (C) 3	120,000.				MISSION SUPPORT				
(8) CLEVELAND BROWNS FOUNDATION											
76 LOU GROZA BLVD. BEREA, OH 44017	34-1885593	501 (C) 3	105,000.				MISSION SUPPORT				
(9) ALEX'S LEMONADE STAND FOUNDATION											
333 E. LANCASTER AVE. #414	56-2496146	501 (C) 3	100,800.				MISSION SUPPORT				
(10) BESTPREP											
7100 NORTHLAND CIRCLE N. #306	41-1265355	501 (C) 3	100,000.				MISSION SUPPORT				
(11) DEFENDING THE BLUE LINE DBA UNITED HEROES L											
15211 RAVENNA TRAIL HASTINGS, MN 55033	27-0711063	501 (C) 3	100,000.				MISSION SUPPORT				
(12) MIDWEST FOOD BANK											
2031 WAREHOUSE ROAD NORMAL, IL 61761	41-2120170	501 (C) 3	94,250.				MISSION SUPPORT				
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 tal	ble		. •	234				
3 Enter total number of other organizations list	ted in the line	1 table									

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

Schedule I (Form 990) 2021

Department of the Treasury

Internal Revenue Service

Name of the organization

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

2021

Open to Public Inspection

Employer identification number

INSPIRE BRANDS FOUNDATION, INC.						58-1692997	
Part I General Information on Grants an	d Assistanc	е					
 Does the organization maintain records to s the selection criteria used to award the gran Describe in Part IV the organization's proces 	ts or assistand	æ?					Yes No
					nlote if the erganiz	ation analyses d "V	oo" on Form 000
Part II Grants and Other Assistance to D		_					es on Form 990,
Part IV, line 21, for any recipient t	hat received	more than \$5	,000. Part II can	be duplicated if a	·	needed.	
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) BOYER CHILDREN'S CLINIC							
1850 BOYER AVE. EAST SEATTLE, WA 98112	91-1316838	501 (C) 3	86,900.				MISSION SUPPORT
(2) UNITED WAY OF CENTRAL OKLAHOMA, INC.							
P.O. BOX 248919	73-0589829	501 (C) 3	80,553.				MISSION SUPPORT
(3) MAKE-A-WISH FOUNDATION OF MICHIGAN							
7600 GRAND RIVER AVENUE, SUITE 175	38-2505812	501 (C) 3	72,500.				MISSION SUPPORT
(4) OKLAHOMA CITY PUBLIC SCHOOLS FOUNDATION, IN							
431 WEST MAIN STREET, SUITE E	73-1222182	501 (C) 3	63,804.				MISSION SUPPORT
(5) REGIONAL FOOD BANK OF OKLAHOMA, INC.							
3355 SOUTH PURDUE AVENUE	73-1100380	501 (C) 3	63,000.				MISSION SUPPORT
(6) BIG BROTHERS BIG SISTERS OF GREATER PITTSBU							
5989 CENTRE AVENUE, SUITE 1	25-6074707	501 (C) 3	59,000.				MISSION SUPPORT
(7) HUNGER TASK FORCE, INC.							
5000 W. ELECTRIC AVENUE	39-1345847	501 (C) 3	57,600.				MISSION SUPPORT
(8) BLESSINGS IN A BACKPACK, INC.							
4121 SHELBYVILLE RD. LOUISVILLE, KY 40207	26-1964620	501 (C) 3	57,100.				MISSION SUPPORT
(9) NATIONAL RESTAURANT ASSOCIATION EDUCATIONAL							
2055 L STREET NW, SUITE 702	36-6103388	501 (C) 3	52,000.				MISSION SUPPORT
(10) MORTGAGE MIRACLES FOR KIDS DBA MIRACLES FOR							
17848 SKY PARK CIRCLE, SUITE C	91-2160616	501 (C) 3	51,600.				MISSION SUPPORT
(11) ROBERT W. WOODRUFF ARTS CENTER INC							
1280 PEACHTREE STREET NE ATLANTA, GA 30309	58-0633971	501 (C) 3	50,000.				MISSION SUPPORT
(12) SECOND HARVEST FOOD BANK OF METROLINA							
500 B SPRATT ST. CHARLOTTE, NC 28206	56-1352593	501 (C) 3	46,600.				MISSION SUPPORT
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 tal	ole			
3 Enter total number of other organizations lis	ted in the line	1 table					

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

Department of the Treasury

Internal Revenue Service

Name of the organization

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

2021

Open to Public Inspection

Employer identification number

INSPIRE BRANDS FOUNDATION, INC.						58-1692997				
Part I General Information on Grants and	d Assistanc	е								
1 Does the organization maintain records to s	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	' eligibility for the grant	s or assistance, and				
the selection criteria used to award the grant			_	_			Yes No			
2 Describe in Part IV the organization's proceed	dures for mor	nitoring the use	of grant funds in th	e United States.						
Part II Grants and Other Assistance to D	omestic Or	ganizations a	nd Domestic Gov	vernments. Com	plete if the organiz	ation answered "Y	es" 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 (b) FIN (c) IRC section (d) Amount of cash (e) Amount of non- (f) Method of valuation (n) Description of (h) Purpose of grant										
(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	(book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			
_(1) URBAN LEAGUE OF GREATER OKLAHOMA CITY, INC.										
3900 N. MARTIN L. KING JR. AVE.	73-0590037	501 (C) 3	45,000.	317.			MISSION SUPPORT			
(2) MAKE-A-WISH FOUNDATION OF EAST TENNESSEE										
6700 BAUM DRIVE, SUITE 7	58-1799549	501 (C) 3	45,000.				MISSION SUPPORT			
(3) GENTRY'S EDUCATION CENTER AT THE STORE FRON										
4221 WARREN ROAD FRANKLIN, TN 37067	27-1202003	501 (C) 3	44,000.				MISSION SUPPORT			
(4) MAKE-A-WISH FOUNDATION OF OREGON										
5901 S MACADAM AVE. STE. 200	82-0385049	501 (C) 3	42,300.				MISSION SUPPORT			
(5) GOD'S PANTRY FOOD BANK, INC.										
1685 JAGGIE FOX WAY LEXINGTON, KY 40511	31-0979404	501 (C) 3	40,100.				MISSION SUPPORT			
(6) UTAH FOOD BANK										
3150 SOUTH 900 WEST	87-0212453	501 (C) 3	40,000.				MISSION SUPPORT			
(7) FEEDING TEXAS										
1524 SOUTH IH 35, SUITE 342	74-2762542	501 (C) 3	40,000.				MISSION SUPPORT			
(8) ST. MARY'S FOOD BANK ALLIANCE										
2831 N. 31ST AVE. PHOENIX, AZ 85009-1518	23-7353532	501 (C) 3	40,000.				MISSION SUPPORT			
(9) UNITED WAY OF ASHEVILLE & BUNCOMBE COUNTY,										
50 SOUTH FRENCH BROAD AVENUE	56-0576157	501 (C) 3	38,000.				MISSION SUPPORT			
(10) WEEKEND SURVIVAL KITS, INC.										
319 W. GRAND RIVER AVE.	45-4444119	501 (C) 3	37,100.				MISSION SUPPORT			
(11) PACK PEOPLE OF ACTION CARING FOR KIDS INC.										
4 MALL TERRACE SAVANNAH, GA 31406	81-2615493	501 (C) 3	35,300.				MISSION SUPPORT			
(12) CROSSBRIDGE, INC.										
335 MURFREESBORO PIKE NASHVILLE, TN 37210	16-1755991	501 (C) 3	35,000.				MISSION SUPPORT			
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 ta	ole						
3 Enter total number of other organizations lis	ted in the line	1 table								

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

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.

2021

OMB No. 1545-0047

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Department of the Treasury Internal Revenue Service

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Name of the organization						Employer identificat	ion number
INSPIRE BRANDS FOUNDATION, INC.						58-1692997	
Part I General Information on Grants an	d Assistanc	e				'	
 Does the organization maintain records to s the selection criteria used to award the grant Describe in Part IV the organization's process Part II Grants and Other Assistance to D 	s or assistand dures for mor omestic Or	ee? nitoring the use ganizations a	of grant funds in the	e United States.	nplete if the organiz	ation answered "Y	Yes No
Part IV, line 21, for any recipient to 1 (a) Name and address of organization or government	(b) EIN	more than \$5 (c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	additional space is n (f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CUNNINGHAM CHILDREN'S HOME					,		
1301 N. CUNNINGHAM AVENUE URBANA, IL 61802	37-0662521	501 (C) 3	34,333.				MISSION SUPPORT
(2) BIG BROTHERS BIG SISTERS OF GREATER FREDERI							
325A WALLACE STREET	54-0848850	501 (C) 3	32,500.				MISSION SUPPORT
(3) LOWCOUNTRY FOOD BANK							
2864 AZALEA DRIVE CHARLESTON, SC 29405	57-0751835	501 (C) 3	31,200.				MISSION SUPPORT
(4) SECOND HARVEST FOOD BANK OF NORTHEAST TENNE							
1020 JERICHO DRIVE KINGSPORT, TN 37663	62-1303822	501 (C) 3	30,051.				MISSION SUPPORT
(5) GIRL SCOUTS - WESTERN OKLAHOMA, INC							
6100 N. ROBINSON AVE	73-0677849	501 (C) 3	30,000.	379.			MISSION SUPPORT
(6) MAKE-A-WISH FOUNDATION OF MIDDLE TENNESSEE							
600 HILL AVENUE, SUITE 201	62-1833327	501 (C) 3	30,000.				MISSION SUPPORT
(7) BOYS & GIRLS CLUBS OF THE TENNESSEE VALLEY							
967 IRWIN ST KNOXVILLE, TN 37917-6634	62-0475743	501 (C) 3	30,000.				MISSION SUPPORT
(8) PEACE, INC. (BIG BROTHERS BIG SISTERS OF ON							
217 SOUTH SALINA STREET, 2ND FLOOR	16-6095039	501 (C) 3	29,800.				MISSION SUPPORT
(9) JUNIOR ACHIEVEMENT OF THE EASTERN SHORE							
327 TILGHMAN ROAD #100 SALISBURY, MD 21804	52-1461040	501 (C) 3	28,900.				MISSION SUPPORT
(10) HOPE MISSIONS 360, INC							
1003 GATHER DRIVE LAWRENCEVILLE, GA 30043	82-1081974	501 (C) 3	28,000.				MISSION SUPPORT
(11) LIFELINE CHILDREN'S SERVICES							
100 MISSIONARY RIDGE BIRMINGHAM, AL 35242	63-0896878	501 (C) 3	28,000.				MISSION SUPPORT
(12) THE DOWNTOWN JIMMIE HALE MISSION							
PO BOX 10472 BIRMINGHAM, AL 35202	63-0358757	501 (C) 3	28,000.				MISSION SUPPORT
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 tal	ole			
3 Enter total number of other organizations lis	ted in the line	1 table					

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Schedule I (Form 990) 2021

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

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2021

OMB No. 1545-0047

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Department of the Treasury Internal Revenue Service

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Name of the organization						Employer identificat	ion number
INSPIRE BRANDS FOUNDATION, INC.						58-1692997	
Part I General Information on Grants and	d Assistanc	е					
 Does the organization maintain records to so the selection criteria used to award the grant Describe in Part IV the organization's process 	s or assistand	æ?					Yes No
Part II Grants and Other Assistance to D	omestic Or	ganizations a	nd Domestic Gov	vernments. Com	plete if the organiz	ation answered "Y	es" on Form 990,
Part IV, line 21, for any recipient the	nat received	more than \$5	,000. Part II can I	be duplicated if a	additional space is r	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 OAK RANCH, INC.							
250 JAKE MINTZ ROAD GADSDEN, AL 35905	23-7413017	501 (C) 3	28,000.				MISSION SUPPORT
(2) CHILDREN'S HOME SOCIETY OF WEST VIRGINIA, I							
1422 KANAWHA BOULEVARD EAST	55-0360199	501 (C) 3	26,900.				MISSION SUPPORT
(3) ST. JOSEPH CATHOLIC ORPHAN SOCIETY DBA ST.							
2823 FRANKFORT AVE. LOUISVILLE, KY 40206	61-0475286	501 (C) 3	26,700.				MISSION SUPPORT
(4) BOYS & GIRLS CLUBS OF WESTERN NEVADA, INC.							
1870 RUSSELL WAY CARSON CITY, NV 89706	88-0269139	501 (C) 3	26,000.				MISSION SUPPORT
(5) MOUNTAIN CHILD ADVOCACY CENTER, INC.							
11 VANDERBILT PARK DRIVE, SUITE A	58-1828408	501 (C) 3	25,900.				MISSION SUPPORT
(6) BIG BROTHERS BIG SISTERS OF METRO ATLANTA							
680 MURPHY AVENUE SW, SUITE 1090	58-0861895	501 (C) 3	25,500.				MISSION SUPPORT
(7) UNIVERSITY OF OKLAHOMA FOUNDATION, INC.							
800 NE 10TH ST. OKLAHOMA CITY, OK 73104	73-6091755	501 (C) 3	25,136.				MISSION SUPPORT
(8) OKLAHOMA CONTEMPORARY ARTS CENTER, INC.							
P.O. BOX 3062 OKLAHOMA CITY, OK 73101	73-1334271	501 (C) 3	25,000.	315.			MISSION SUPPORT
(9) BIG BROTHERS BIG SISTERS OF THE INLAND NORT							
1912 N DIVISION ST. SUITE 100	91-6061587	501 (C) 3	25,000.				MISSION SUPPORT
(10) CATHOLIC COMMUNITY SERVICES OF UTAH							
224 NORTH 2200 WEST	87-0212450	501 (C) 3	25,000.				MISSION SUPPORT
(11) UNITED FOOD BANK							
245 SOUTH NINA DRIVE MESA, AZ 85210	86-0505273	501 (C) 3	25,000.				MISSION SUPPORT
(12) JUNIOR ACHIEVEMENT OF EAST CENTRAL FLORIDA							
1275 SOUTH PATRICK DRIVE, STE E	59-2461562	1	25,000.				MISSION SUPPORT
2 Enter total number of section 501(c)(3) and	government (organizations lis	sted in the line 1 tal	ole		▶	
3 Enter total number of other organizations list	ed in the line	1 table					

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Schedule I (Form 990) 2021

Department of the Treasury

Internal Revenue Service

Name of the organization

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

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2021

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INSPIRE BRANDS FOUNDATION, INC.						58-1692997	
Part I General Information on Grants and	d Assistanc	е					
1 Does the organization maintain records to s	ubstantiate th	ne amount of the	e grants or assista	nce, the grantees	' eligibility for the grant	s or assistance, and	
the selection criteria used to award the grant	ts or assistand	ce?					Yes No
2 Describe in Part IV the organization's proced							
Part II Grants and Other Assistance to D	omestic Or	ganizations a	nd Domestic Gov	vernments. Com	plete if the organiz	ation answered "Y	es" on Form 990.
Part IV, line 21, for any recipient the		•					00 0111 01111 000,
	1	T		· · · · · · · · · · · · · · · · · · ·	·		(h) Durness of great
(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) ATLANTA COMMUNITY FOOD BANK							
3400 N DESERT DR ATLANTA, GA 30344	58-1376648	501 (C) 3	25,000.				MISSION SUPPORT
(2) HENDRICKSON FOUNDATION INC.							
2015 FOREST DRIVE WEST RICHFIELD, MN 55423	45-2880118	501 (C) 3	25,000.				MISSION SUPPORT
(3) ATLANTA FIRE RESCUE FOUNDATION, INC.							
P.O. BOX 19045 ATLANTA, GA 31126	30-0245635	501 (C) 3	25,000.				MISSION SUPPORT
(4) ERIN'S HOUSE FOR GRIEVING CHILDREN							
5670 YMCA PARK DRIVE WEST	35-1884264	501 (C) 3	23,000.				MISSION SUPPORT
(5) BOYS & GIRLS CLUBS OF NORTHEASTERN PENNSYLV							
609 ASH ST SCRANTON, PA 18510	24-0796420	501 (C) 3	21,800.				MISSION SUPPORT
(6) BOYS & GIRLS CLUBS OF SOUTHERN MARYLAND							
9021 DAYTON AVE NORTH BEACH, MD 20714-5002	52-2145392	501 (C) 3	20,300.				MISSION SUPPORT
(7) BOYS & GIRLS CLUBS OF CENTRAL OHIO							
1108 CITY PARK AVE, STE 301	31-4387575	501 (C) 3	20,000.	251.			MISSION SUPPORT
(8) YMCA OF SOUTHERN NEVADA (BILL AND LILLIE HE							
4141 MEADOWS LANE LAS VEGAS, NV 89107	88-0059266	501 (C) 3	20,000.				MISSION SUPPORT
(9) UNITED CEREBRAL PALSY OF SOUTHERN ARIZONA							
630 N. CRAYCROFT ROAD TUCSON, AZ 85711	86-0416461	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) THE MAKE-A-WISH FOUNDATION OF ALABAMA, INC.							
1 PERIMETER PARK S, SUITE 100S	63-0943675	501 (C) 3	20,000.				MISSION SUPPORT
(12) MADONNA SCHOOL & COMMUNITY-BASED SERVICES							
6402 N. 71ST PLAZA OMAHA, NE 68104	47-0491332	501 (C) 3	20,000.				MISSION SUPPORT
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 tal	ble			
3 Enter total number of other organizations lis	ted in the line	1 table					

Department of the Treasury

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Part I General Information on Grants and	d Assistanc	е					
1 Does the organization maintain records to s	ubstantiate th	ne amount of the	e grants or assista	nce, the grantees	' eligibility for the grant	s or assistance, and	
the selection criteria used to award the grant							Yes No
2 Describe in Part IV the organization's proced							
Part II Grants and Other Assistance to D	omestic Or	ganizations a	nd Domestic Gov	vernments. Com	polete if the organiz	ation answered "Y	es" on Form 990
Part IV, line 21, for any recipient the		•					
	1	T	·		·		T (1) D
(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) GENESEE COUNTY HABITAT FOR HUMANITY							
101 BURTON STREET FLINT, MI 48503	38-2899387	501 (C) 3	20,000.				MISSION SUPPORT
(2) CHILDREN'S RESCUE CENTER, INC.							
1027 W. HIGH STREET SPRINGFIELD, OH 45506	31-1368331	501 (C) 3	20,000.				MISSION SUPPORT
(3) SIOUX FALLS PUBLIC SCHOOLS EDUCATION FOUNDA							
PO BOX 560 SIOUX FALLS, SD 57101	26-3537657	501 (C) 3	20,000.				MISSION SUPPORT
(4) THE JOSHUA PROJECT							
PO BOX 413 MIDDLEBURGH, NY 12122	22-3072537	501 (C) 3	20,000.				MISSION SUPPORT
(5) THE STEWART FOUNDATION							
P. O. BOX 54680 ATLANTA, GA 30308	20-5918776	501 (C) 3	20,000.				MISSION SUPPORT
(6) BIG BROTHERS BIG SISTERS OF SAN DIEGO COUNT							
4305 UNIVERSITY AVE. SUITE 590	95-2151526	501 (C) 3	19,600.				MISSION SUPPORT
(7) BIG BROTHERS BIG SISTERS OF NORTHWEST FLORI							
1320 CREIGHTON ROAD PENSACOLA, FL 32504	59-2996893	501 (C) 3	19,150.				MISSION SUPPORT
(8) NORTHWOOD CHILDREN'S HOME SOCIETY, INC. DBA							
714 W COLLEGE STREET DULUTH, MN 55811	41-0706108	501 (C) 3	18,200.				MISSION SUPPORT
(9) COMMUNITY FOOD BANK, INC. DBA COMMUNITY FOO							
3003 SOUTH COUNTRY CLUB ROAD	51-0192519	501 (C) 3	17,600.				MISSION SUPPORT
(10) CONVOY OF HOPE							
330 S. PATTERSON AVE. SPRINGFIELD, MO 65802	68-0051386	501 (C) 3	17,500.				MISSION SUPPORT
(11) JUNIOR ACHIEVEMENT OF TAMPA BAY, INC.							
13707 N. 22ND STREET TAMPA BAY, FL 33613	59-1098499	501 (C) 3	17,100.				MISSION SUPPORT
(12) CHILDREN'S ADVOCACY CENTER OF SOUTHWEST FLO							
3830 EVANS AVE. FORT MYERS, FL 33901	65-0007620	501 (C) 3	17,000.				MISSION SUPPORT
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 ta	ble			
3 Enter total number of other organizations lis	ted in the line	1 table					<u> </u>

Department of the Treasury

Internal Revenue Service

Name of the organization

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INSPIRE BRANDS FOUNDATION, INC.						58-1692997	
Part I General Information on Grants and	d Assistanc	е					
1 Does the organization maintain records to so	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	' eligibility for the grant	s or assistance, and	
the selection criteria used to award the grant							Yes No
2 Describe in Part IV the organization's proced	dures for mor	nitoring the use	of grant funds in th	e United States.			
Part II Grants and Other Assistance to D	omestic Or	ganizations a	nd Domestic Gov	vernments. Com	plete if the organiz	ation answered "Y	es" on Form 990.
Part IV, line 21, for any recipient the							,
1 (a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	(a) Description of	(h) Purpose of grant
or government	(b) EIN	(if applicable)	grant	cash assistance	(book, FMV, appraisal, other)	noncash assistance	or assistance
_(1) FEEDING SOUTH FLORIDA, INC.							
2501 SW 32 TERRACE PEMBROKE PARK, FL 33023	59-2097520	501 (C) 3	16,700.				MISSION SUPPORT
(2) HUNGER FIGHT, INC.							
2935 DAWN RD. JACKSONVILLE, FL 32207	46-1338834	501 (C) 3	16,500.				MISSION SUPPORT
(3) NORTHERN ILLINOIS FOOD BANK							
273 DEARBORN CT. GENEVA, IL 60134	36-3203648	501 (C) 3	16,005.				MISSION SUPPORT
(4) FAMILY SERVICES OF NW PA (BIG BROTHERS BIG							
5100 PEACH STREET ERIE, PA 16509	25-0987225	501 (C) 3	16,000.				MISSION SUPPORT
(5) GIANT STEPS OF ST LOUIS INC.							
7281 SARAH STREET MAPLEWOOD, MO 63143	43-1671946	501 (C) 3	15,700.				MISSION SUPPORT
(6) UTE CONFERENCE, INC.							
3550 S. MAIN ST. SALT LAKE CITY, UT 84115	87-0271884	501 (C) 3	15,500.				MISSION SUPPORT
(7) LATINO COMMUNITY DEVELOPMENT AGENCY							
420 SW 10TH ST. OKLAHOMA CITY, OK 73109	73-1424239	501 (C) 3	15,200.				MISSION SUPPORT
(8) THE KYLE PEASE FOUNDATION, INC.							
2566 SHALLOWFORD ROAD, STE 104 #319	27-4563077	501 (C) 3	15,000.	308.			MISSION SUPPORT
(9) BIG BROTHERS BIG SISTERS OF UTAH, INC.							
2121 SOUTH STATE STREET, SUITE 201	87-0336168	501 (C) 3	15,000.				MISSION SUPPORT
(10) CONCERNED CITIZENS FOR OUR YOUTH, INC DBA B							
1200 BEACON LANE JASPER, AL 35504	63-0640563	501 (C) 3	15,000.				MISSION SUPPORT
(11) AID TO DISTRESSED FAMILIES OF APPALACHIAN C							
PO BOX 5953 OAK RIDGE, TN 37831	58-1727751	501 (C) 3	15,000.				MISSION SUPPORT
(12) CURE CHILDHOOD CANCER, INC.							
200 ASHFORD CENTER N SUITE 250	58-1244138	501 (C) 3	15,000.				MISSION SUPPORT
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 tal	ble			
3 Enter total number of other organizations list	ted in the line	1 table					

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

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20**2**1

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990.

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Open to Public Inspection

Name of the organization						Employer identificat	ion number
INSPIRE BRANDS FOUNDATION, INC.						58-1692997	
Part I General Information on Grants and	d Assistanc	е				<u>'</u>	
 Does the organization maintain records to so the selection criteria used to award the grant Describe in Part IV the organization's proced Part II Grants and Other Assistance to D	s or assistand dures for mor omestic Or	ce? nitoring the use ganizations ar	of grant funds in th	e United States.	nplete if the organiz	ation answered "Y	Yes No
Part IV, line 21, for any recipient the second seco	(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 METROPOLITAN DE							
2470 COLLINGWOOD, STE 218 DETROIT, MI 48206	38-6112533	501 (C) 3	15,000.				MISSION SUPPORT
(2) TERRE HAUTE CATHOLIC CHARITIES FOODBANK							
PO BOX 3318 TERRE HAUTE, IN 47803	31-1074018	501 (C) 3	14,800.				MISSION SUPPORT
(3) FEEDING SOUTH DAKOTA							
4701 N WESTPORT AVE SIOUX FALLS, SD 57107	36-3293534	501 (C) 3	14,600.				MISSION SUPPORT
(4) SECOND HARVEST FOOD BANK OF THE MAHONING VA							
2805 SALT SPRINGS ROAD YOUNGSTOWN, OH 44509	34-1380074	501 (C) 3	14,300.				MISSION SUPPORT
(5) BIG BROTHERS BIG SISTERS OF SIOUXLAND							
3650 GLEN OAKS BLVD SIOUX CITY, IA 51104	42-1121154	501 (C) 3	14,100.				MISSION SUPPORT
(6) COMMON GROUND MONTGOMERY INC.							
1516 MOBILE ROAD MONTGOMERY, AL 36108	20-4172444	501 (C) 3	13,400.				MISSION SUPPORT
(7) TOMAHAWK CHARITABLE SOLUTIONS							
4751 TROUSDALE DRIVE, SUITE 110	82-1606687	501 (C) 3	13,250.				MISSION SUPPORT
(8) BIG BROTHERS & BIG SISTERS SERVICES, INC.							
1707 SUMMIT AVE, SUITE 200	54-0702502	501 (C) 3	13,200.				MISSION SUPPORT
(9) FEED SPOKANE							
1114 N. FANCHER, SUITE 109	77-0669785	501 (C) 3	12,900.				MISSION SUPPORT
(10) SOURIS VALLEY UNITED WAY							
1941 4TH STREET SW MINOT, ND 58701	45-0308679	501 (C) 3	12,800.				MISSION SUPPORT
(11) BIG BROTHERS BIG SISTERS OF SOUTH ALABAMA,							
3 SOUTH ROYAL ST STE 300 MOBILE, AL 36602	61-1683905	501 (C) 3	12,750.				MISSION SUPPORT
(12) INTER-FAITH FOOD SHUTTLE							
1001 BLAIR DRIVE, SUITE #120	56-1753180	501 (C) 3	12,700.				MISSION SUPPORT
2 Enter total number of section 501(c)(3) and	•	•					
3 Enter total number of other organizations lis	ted in the line	: 1 table					

Department of the Treasury

Internal Revenue Service

Name of the organization

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

2021

Open to Public Inspection

Employer identification number

INSPIRE BRANDS FOUNDATION, INC.						58-1692997	
Part I General Information on Grants an	d Assistanc	е					
 Does the organization maintain records to s the selection criteria used to award the gran Describe in Part IV the organization's proces 	ts or assistand	æ?					Yes No
Part II Grants and Other Assistance to D Part IV, line 21, for any recipient to	Oomestic Or	ganizations a	nd Domestic Gov	vernments. Com			es" on Form 990,
(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) BOYS & GIRLS CLUB OF SOUTHWEST VIRGINIA							
1714 9TH ST SE ROANOKE, VA 24013-2714	54-1867366	501 (C) 3	12,500.				MISSION SUPPORT
(2) GLEANERS COMMUNITY FOOD BANK OF SOUTHEASTER							
2131 BEAUFAIT STREET DETROIT, MI 48207	38-2156255	501 (C) 3	12,400.				MISSION SUPPORT
(3) KINGDOM FIRST							
219 SHERBORNE DR. COLUMBUS, OH 43219	81-4446525	501 (C) 3	12,000.				MISSION SUPPORT
(4) BIG BROTHERS BIG SISTERS OF NORTHEAST FLORI							
40 EAST ADAMS ST., SUITE 220	59-0683256	501 (C) 3	12,000.				MISSION SUPPORT
(5) ATLANTA CHARITY CLAYS, INC.							
P.O. BOX 52686 ATLANTA, GA 30355	47-2835630	501 (C) 3	12,000.				MISSION SUPPORT
(6) FRIENDLY HOUSE OF DAVENPORT IOWA DBA FRIEND							
1221 MYRTLE STREET DAVENPORT, IA 52804	42-0733466	501 (C) 3	12,000.				MISSION SUPPORT
(7) ACTIVITIES BEYOND THE CLASSROOM							
635 WEST 7TH STREET, SUITE 301	35-2222723	501 (C) 3	12,000.				MISSION SUPPORT
(8) YMCA OF CENTRAL OHIO (VAN BUREN CENTER)							
1907 LEONARD AVENUE, SUITE 150	31-4379594	501 (C) 3	12,000.				MISSION SUPPORT
(9) GOLDEN HARVEST FOOD BANK							
3310 COMMERCE DRIVE AUGUSTA, GA 30909	58-1466516	501 (C) 3	11,900.				MISSION SUPPORT
(10) AGAPE COMMUNITY CENTER INC.							
2210 MARIETTA BOULEVARD NW	58-2372950	501 (C) 3	11,600.	496.			MISSION SUPPORT
(11) GIRL SCOUTS SPIRIT OF NEBRASKA							
2121 S 44TH STREET OMAHA, NE 68105-2809	47-0432299	501 (C) 3	11,600.				MISSION SUPPORT
(12) MID-AMERICA COUNCIL BOY SCOUT TRUST, INC							
12401 W. MAPLE ROAD OMAHA, NE 68164	47-0376545	501 (C) 3	11,600.				MISSION SUPPORT
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 tal	ble			
3 Enter total number of other organizations lis	ted in the line	1 table					

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

Department of the Treasury

Internal Revenue Service

Name of the organization

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

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Part I General Information on Grants and	d Assistanc	е					
1 Does the organization maintain records to si	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	' eligibility for the grant	s or assistance, and	
the selection criteria used to award the grant			=	-			Yes No
2 Describe in Part IV the organization's proced	dures for mor	nitoring the use	of grant funds in th	e United States.			
Part II Grants and Other Assistance to D	omestic Or	ganizations a	nd Domestic Gov	vernments. Com	plete if the organiz	ation answered "Y	es" on Form 990.
Part IV, line 21, for any recipient the							,
		T			(f) Method of valuation		(L) Down or of mont
(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	(book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
_(1)BOYS & GIRLS CLUB OF DANE COUNTY, INC.							
1818 W BELTLINE HWY MADISON, WI 53713-2334	39-1925617	501 (C) 3	11,450.				MISSION SUPPORT
(2) BIG BROTHERS BIG SISTERS OF DANE COUNTY, IN							
2059 ATWOOD AVENUE #2 MADISON, WI 53704	39-1077783	501 (C) 3	11,450.				MISSION SUPPORT
(3) FOOD BANK OF MONMOUTH & OCEAN COUNTY DBA FU							
3300 ROUTE 66 NEPTUNE, NJ 07753	22-2622522	501 (C) 3	11,400.				MISSION SUPPORT
(4) GOLDEN OPP FOR YOU, INC.							
9660 PINE CT. UNION CITY, GA 30291	81-3208124	501 (C) 3	11,100.				MISSION SUPPORT
(5) POWER UP SCHOLARSHIP FUND, INC.							
521 BRANDON WAY AUSTIN, TX 78733	82-0885331	501 (C) 3	11,000.				MISSION SUPPORT
(6) BIG BROTHERS BIG SISTERS OF THE TRIANGLE							
808 AVIATION PARKWAY, SUITE 900	56-2109717	501 (C) 3	11,000.				MISSION SUPPORT
(7) FOOD BANK OF CENTRAL & EASTERN NORTH CAROLI							
1924 CAPITAL BLVD RALEIGH, NC 27604	56-1283426	501 (C) 3	10,700.				MISSION SUPPORT
(8) L.E.A.D., INC. (LAUNCH, EXPOSE, ADVISE, DIR							
1266 WEST PACES FERRY RD., SUITE 429	06-1820196	501 (C) 3	10,500.	93.			MISSION SUPPORT
(9) BREAKTHROUGH ATLANTA INC.							
4075 PACES FERRY ROAD NW ATLANTA, GA 30327	84-4725498	501 (C) 3	10,500.				MISSION SUPPORT
(10) BIG BROTHERS BIG SISTERS OF SOUTHERN NEVADA							
2880B MEADE AVE., SUITE 250	51-0136847	501 (C) 3	10,500.				MISSION SUPPORT
(11) ALLIED ARTS OF OKLAHOMA, INC.							
1015 NORTH BROADWAY AVE, SUITE 200	73-0804291	501 (C) 3	10,393.				MISSION SUPPORT
(12) UNITED WAY OF WESTERN NEBRASKA							
1517 BROADWAY, SUITE 106	47-0424788	501 (C) 3	10,200.				MISSION SUPPORT
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 tal	ble			•
3 Enter total number of other organizations list	ted in the line	1 table					

Department of the Treasury

Internal Revenue Service

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

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2021

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Employer identification number

 Part I General Information on Grants and 1 Does the organization maintain records to sure the selection criteria used to award the grants 	bstantiate th s or assistanc ures for mor	e amount of the			• •	s or assistance, and	
the selection criteria used to award the grants	s or assistand ures for mor	e?			• •	s or assistance, and	
	ures for mor						
• D 11 1 D 1 D 1 D 1 D 1 D 1		itoring the use					Yes No
2 Describe in Part IV the organization's procedu	omestic Or		of grant funds in the	e United States.			
Part II Grants and Other Assistance to Do		ganizations ar	nd Domestic Gov	ernments. Com	plete if the organiz	ation answered "Y	es" on Form 990,
Part IV, line 21, for any recipient th	at received	more than \$5	.000. Part II can b	e duplicated if a	additional space is n	eeded.	
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) AUTISM SPEAKS INC.							
6197 PRAIREFIRE AVE. COLUMBUS, OH 43230	20-2329938	501 (C) 3	10,154.				MISSION SUPPORT
(2) CISE (CATHOLIC INNER-CITY SCHOOLS EDUCATION							
100 EAST 8TH STREET, 7TH FLOOR	82-0977523	501 (C) 3	10,100.				MISSION SUPPORT
(3) OUR PLACE ART							
P.O. BOX 5142 KNOXVILLE, TN 37928	90-1009720	501 (C) 3	10,000.				MISSION SUPPORT
(4) THE FREEDOM CHILD FOUNDATION							
PO BOX 90146 HOUSTON, TX 77290	85-2953542	501 (C) 3	10,000.				MISSION SUPPORT
(5) THE QUINNEN WILLIAMS FOUNDATION							
715 BAKEWELL STREET COVINGTON, KY 41011	85-0652445	501 (C) 3	10,000.				MISSION SUPPORT
(6) JUNIOR LEAGUE OF THE WOODLANDS, INC.							
2219 SAWDUST RD, SUITE 1403	76-0063566	501 (C) 3	10,000.				MISSION SUPPORT
(7) BOYS & GIRLS CLUBS OF NORTH ALABAMA							
125 EARL ST HUNTSVILLE, AL 35805	63-0360026	501 (C) 3	10,000.				MISSION SUPPORT
(8) BOYS & GIRLS CLUB OF THE SMOKY MOUNTAINS							
311 BLUE PEACOCK WAY SEYMOUR, TN 37865-3926	62-1507789	501 (C) 3	10,000.				MISSION SUPPORT
(9) SEMINOLE HIGH SCHOOL BAND PARENT ASSOCIATIO							
2701 RIDGEWOOD AVE SANFORD, FL 32773	59-6153333	501 (C) 3	10,000.				MISSION SUPPORT
(10) QUANTUM LEAP FARM, INC.							
10401 WOODSTOCK ROAD ODESSA, FL 33556	59-3469464	501 (C) 3	10,000.				MISSION SUPPORT
(11) ALPHA HOUSE OF PINELLAS COUNTY							
701 5TH AVENUE NORTH	59-1991525	501 (C) 3	10,000.				MISSION SUPPORT
(12) JUNIOR ACHIEVEMENT OF NORTH FLORIDA, INC.							
4049 WOODCOCK DR. JACKSONVILLE, FL 32207	59-1021800	501 (C) 3	10,000.				MISSION SUPPORT
2 Enter total number of section 501(c)(3) and g	government o	organizations lis	sted in the line 1 tab	ole			

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Department of the Treasury

Internal Revenue Service

Name of the organization

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OMB No. 1545-0047

2021

Open to Public Inspection

INSPIRE BRANDS FOUNDATION, INC.						58-1692997	
Part I General Information on Grants and	d Assistanc	е					
1 Does the organization maintain records to s	ubstantiate th	ne amount of the	e grants or assista	nce, the grantees	' eligibility for the grant	s or assistance, and	
the selection criteria used to award the grant			_	_			Yes No
2 Describe in Part IV the organization's proced	dures for mor	nitoring the use	of grant funds in th	e United States.			
Part II Grants and Other Assistance to D	omestic Or	ganizations a	nd Domestic Gov	vernments. Com	plete if the organiz	ation answered "Y	es" on Form 990.
Part IV, line 21, for any recipient the		_					,
	1			· ·	(f) Method of valuation		4)5
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	(book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) GEORGIA CENTER FOR NONPROFITS							
100 PEACHTREE ST. NW, SUITE 1500	58-2554789	501 (C) 3	10,000.				MISSION SUPPORT
(2) CITY OF REFUGE, INCORPORATED							
1300 JOSEPH E. BOONE BLVD NW	58-2194642	501 (C) 3	10,000.				MISSION SUPPORT
(3) GEORGIA TECH ALUMNI ASSOCIATION, INC							
190 NORTH AVENUE NW ATLANTA, GA 30313	58-0634853	501 (C) 3	10,000.				MISSION SUPPORT
(4) RALEIGH RESCUE MISSION, INC.							
314 EAST HARGETT STREET RALEIGH, NC 27601	56-6024168	501 (C) 3	10,000.				MISSION SUPPORT
(5) BOYS & GIRLS CLUBS OF GREATER HIGH POINT							
314 BARKER AVENUE HIGH POINT, NC 27262	56-2094591	501 (C) 3	10,000.				MISSION SUPPORT
(6) GOOD360							
675 NORTH WASHINGTON STREET, SUITE 330	54-1282616	501 (C) 3	10,000.				MISSION SUPPORT
(7) SYLVESTER BROOME EMPOWERMENT VILLAGE							
4119 N. SAGINAW STREET FLINT, MI 48505	47-5271086	501 (C) 3	10,000.				MISSION SUPPORT
(8) UMPS CARE CHARITIES INC.							
4185 CARVEL LANE EDGEWATER, MD 21037	47-2451505	501 (C) 3	10,000.				MISSION SUPPORT
(9) THE GIVING KITCHEN INITIATIVE							
970 JEFFERSON STREET NW, SUITE 8	46-2176788	501 (C) 3	10,000.				MISSION SUPPORT
(10) COUNTY OF BLUE EARTH IND SCHOOL DIST 77 (CO							
10 CIVIC CENTER PLAZA, SUITE 1	41-6000310	501 (C) 3	10,000.				MISSION SUPPORT
(11) BOYS & GIRLS CLUB OF ROCHESTER							
1026 E CENTER ST ROCHESTER, MN 55904	41-1945875	501 (C) 3	10,000.				MISSION SUPPORT
(12) BOYS & GIRLS CLUBS OF THE TWIN CITIES							
690 JACKSON ST SAINT PAUL, MN 55130-4345	41-0842657	501 (C) 3	10,000.				MISSION SUPPORT
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 ta	ble			
3 Enter total number of other organizations lis	ted in the line	1 table					

Department of the Treasury

Internal Revenue Service

Name of the organization

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

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OMB No. 1545-0047

2021

Open to Public Inspection

Schedule I (Form 990) 2021

Employer identification number

INSPIRE BRANDS FOUNDATION, INC.	INSPIRE BRANDS FOUNDATION, INC.						
Part I General Information on Grants an	d Assistanc	е					
1 Does the organization maintain records to s	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	' eligibility for the grant	s or assistance, and	
the selection criteria used to award the gran							Yes No
2 Describe in Part IV the organization's proce	dures for mor	nitoring the use	of grant funds in th	e United States.			
Part II Grants and Other Assistance to D	omestic Or	ganizations a	nd Domestic Gov	vernments. Com	plete if the organiz	ation answered "Y	es" on Form 990,
Part IV, line 21, for any recipient t		_					,
1 (a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	(g) Description of	(h) Purpose of grant
or government	(5) =	(if applicable)	grant	cash assistance	(book, FMV, appraisal, other)	noncash assistance	or assistance
_(1) TED LINDSAY FOUNDATION							
4062 LIVERNOIS RD. TROY, MI 48098	38-3597256	501 (C) 3	10,000.				MISSION SUPPORT
(2) BIG BROTHERS BIG SISTERS OF FLINT AND GENES							
1176 ROBERT T. LONGWAY BLVD	38-2259541	501 (C) 3	10,000.				MISSION SUPPORT
(3) NORTHERN ILLINOIS UNIVERSITY FOUNDATION							
116 ALTGELD HALL DEKALB, IL 60115	36-6086819	501 (C) 3	10,000.				MISSION SUPPORT
(4) JUNIOR ACHIEVEMENT OF NORTHWESTERN OHIO, IN							
1645 INDIAN WOOD CIRCLE - SUITE 104	34-4430363	501 (C) 3	10,000.				MISSION SUPPORT
(5) BOYS & GIRLS CLUBS OF TOLEDO AND THE TOLEDO							
2250 N DETROIT AVE. TOLEDO, OH 43606	34-4427933	501 (C) 3	10,000.				MISSION SUPPORT
(6) THE DOWN SYNDROME ASSOCIATION OF NORTHEAST							
6533-B BRECKSVILLE RD	34-1630114	501 (C) 3	10,000.				MISSION SUPPORT
(7) NILES COMMUNITY SERVICES, INC.							
401 VIENNA AVENUE NILES, OH 44446	34-1464447	501 (C) 3	10,000.				MISSION SUPPORT
(8) DOWN SYNDROME ASSOCIATION OF CENTRAL OHIO							
510 E NORTH BROADWAY 4TH FLOOR	31-1126185	501 (C) 3	10,000.				MISSION SUPPORT
(9) ST. XAVIER HIGH SCHOOL							
600 WEST NORTH BEND ROAD	31-0537511	501 (C) 3	10,000.				MISSION SUPPORT
(10) BOYS & GIRLS CLUB OF THE GOLDEN TRIANGLE							
1815 14TH AVE N COLUMBUS, MS 39701-2403	26-2695696	501 (C) 3	10,000.				MISSION SUPPORT
(11) TNT KID'S FITNESS							
2800 MAIN AVE FARGO, ND 58103	20-3459549	501 (C) 3	10,000.				MISSION SUPPORT
(12) CHILDREN OF RESTAURANT EMPLOYEES LTD							
1196 BUCKHEAD CROSSING WOODSTOCK, GA 30189	20-1584617	501 (C) 3	10,000.				MISSION SUPPORT
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 tal	ole			
3 Enter total number of other organizations lis	ted in the line	1 table					

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Part I General Information on Grants an	d Assistanc	е					
1 Does the organization maintain records to s	ubstantiate th	ne amount of the	e grants or assista	nce, the grantees	' eligibility for the grant	s or assistance, and	
the selection criteria used to award the gran			_	_			Yes No
2 Describe in Part IV the organization's proced							
Part II Grants and Other Assistance to D	omestic Or	ganizations a	nd Domestic Gov	vernments. Com	plete if the organiz	ation answered "Y	es" on Form 990.
Part IV, line 21, for any recipient t		_					,
				· ·	(f) Method of valuation		4)5
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	(book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) BOYS & GIRLS CLUB OF GREATER LYNCHBURG							
1101 MADISON ST LYNCHBURG, VA 24504-2517	20-0199894	501 (C) 3	10,000.				MISSION SUPPORT
(2) ADL FIGHTING HATE FOR GOOD							
PO BOX 8379 ATLANTA, GA 31106	13-1818723	501 (C) 3	10,000.				MISSION SUPPORT
(3) BOYS AND GIRLS CLUB OF STAMFORD, INC.							
347 STILLWATER AVENUE STAMFORD, CT 06902	06-0646911	501 (C) 3	10,000.				MISSION SUPPORT
(4) BIG BROTHERS BIG SISTERS OF NORTHWESTERN OH							
P.O. BOX 1369 TOLEDO, OH 43604	34-1396251	501 (C) 3	9,800.				MISSION SUPPORT
(5) MISSOULA FOOD BANK & COMMUNITY CENTER							
1720 WYOMING STREET MISSOULA, MT 59801	81-0414143	501 (C) 3	9,700.				MISSION SUPPORT
(6) MIDDLE GEORGIA COMMUNITY FOOD BANK							
4490 OCMULGEE EAST BOULEVARD	58-2484086	501 (C) 3	9,700.				MISSION SUPPORT
(7) BIG BROTHERS BIG SISTERS OF HARRISONBURG-RO							
225 NORTH HIGH STREET	51-0209104	501 (C) 3	9,500.				MISSION SUPPORT
(8) BELMONT HILLS ELEMENTARY							
407 BARBER ROAD SE MARIETTA, GA 30060	58-6000214	501 (C) 3	9,400.				MISSION SUPPORT
(9) NEW DESTINY PATHWAYS INC							
P.O. BOX 7074 GRAND RAPIDS, MI 49510	90-0808839	501 (C) 3	9,100.				MISSION SUPPORT
(10) FOOD BANK OF SIOUXLAND, INC.							
1313 11TH STREET SIOUX CITY, IA 51105	42-1381516	501 (C) 3	9,100.				MISSION SUPPORT
(11) GREATER CHICAGO FOOD DEPOSITORY							
4100 WEST ANN LURIE PLACE CHICAGO, IL 60632	36-2971864	501 (C) 3	8,917.				MISSION SUPPORT
(12) SHARING AND CARING HANDS, INC.							
525 NORTH 7TH STREET MINNEAPOLIS, MN 55405	36-3412619	501 (C) 3	8,900.				MISSION SUPPORT
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 ta	ble			
3 Enter total number of other organizations lis	ted in the line	1 table					

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1 Does the organization maintain records to su	ubstantiate th	ne amount of the	e grants or assista	nce, the grantees	' eligibility for the grant	ts or assistance, and	
the selection criteria used to award the grant	s or assistand	ce?					Yes No
2 Describe in Part IV the organization's proced	dures for mor	nitoring the use	of grant funds in th	e United States.			
Part II Grants and Other Assistance to D	omestic Or	ganizations a	nd Domestic Gov	vernments. Com	plete if the organiz	ation answered "Y	es" on Form 990.
Part IV, line 21, for any recipient the							,
1 (a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	(g) Description of	(h) Purpose of grant
or government		(if applicable)	grant	cash assistance	(book, FMV, appraisal, other)	noncash assistance	or assistance
_(1) BOYS & GIRLS CLUBS OF THE ROGUE VALLEY							
203 SE 9TH ST GRANTS PASS, OR 97526	93-0588108	501 (C) 3	8,500.				MISSION SUPPORT
(2) OKLAHOMA FUTURE FARMERS OF AMERICA FOUNDATI							
1500 W 7TH AVENUE STILLWATER, OK 74074	73-1283413	501 (C) 3	8,500.				MISSION SUPPORT
(3) FOOD BANK OF EASTERN MICHIGAN							
2300 LAPEER ROAD FLINT, MI 48503	38-2379678	501 (C) 3	8,500.				MISSION SUPPORT
(4) FOOD BANK OF THE ROCKIES DBA FOOD BANK OF W							
P.O. BOX 1540 EVANSVILLE, WY 82636	84-0772672	501 (C) 3	8,400.				MISSION SUPPORT
(5) HEAD START, INC. DBA EXPLORERS ACADEMY							
615 N. 19TH STREET BILLINGS, MT 59101	81-0398508	501 (C) 3	8,400.				MISSION SUPPORT
(6) GENEROUS LIFE FOUNDATION DBA MEMPHIS DREAM							
1800 N. GERMANTOWN PKWY. CORDOVA, TN 38016	31-1685087	501 (C) 3	8,400.				MISSION SUPPORT
(7) LITTLE LIGHTHOUSE, INC.							
5120 E 36TH ST TULSA, OK 74135	73-0939422	501 (C) 3	8,200.				MISSION SUPPORT
(8) HARVEST HOPE FOOD BANK							
2220 SHOP ROAD COLUMBIA, SC 29201	57-0725560	501 (C) 3	8,100.				MISSION SUPPORT
(9) BIG BROTHERS BIG SISTERS LINCOLN							
2124 Y STREET FLAT 210 LINCOLN, NE 68503	47-0794732	501 (C) 3	8,100.				MISSION SUPPORT
(10) YMCA OF ROCK RIVER VALLEY							
200 Y BOULEVARD ROCKFORD, IL 61107	36-2174838	501 (C) 3	8,050.				MISSION SUPPORT
(11) BOYS & GIRLS CLUB OF ROCKFORD							
1040 N 2ND ST #1 ROCKFORD, IL 61107	36-2167840	501 (C) 3	8,050.				MISSION SUPPORT
(12) BIG BROTHERS BIG SISTERS OF CENTRAL IOWA, I							
9051 SWANSON BLVD CLIVE, IA 50325	42-1184999	501 (C) 3	8,010.				MISSION SUPPORT
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 tal	ble			
3 Enter total number of other organizations list	ed in the line	1 table					

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

Schedule I (Form 990) 2021

Department of the Treasury

Internal Revenue Service

Name of the organization

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

2021

Open to Public Inspection

INSPIRE BRANDS FOUNDATION, INC.						58-1692997	
Part I General Information on Grants an	d Assistanc	е					
1 Does the organization maintain records to s	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	s' eligibility for the grant	s or assistance, and	_
the selection criteria used to award the gran	ts or assistand	e?					Yes No
2 Describe in Part IV the organization's proced	dures for mor	nitoring the use	of grant funds in th	e United States.			
Part Grants and Other Assistance to D	omestic Or	ganizations a	nd Domestic Gov	vernments. Con	nplete if the organiz	ation answered "Y	es" on Form 990.
Part IV, line 21, for any recipient t		_					
	_	T			·		(Ix) Down and of month
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) FOOD BANK OF NORTHWEST INDIANA							
6490 BROADWAY MERRILLVILLE, IN 46410	35-1528285	501 (C) 3	8,003.				MISSION SUPPORT
(2) BOYS & GIRLS CLUBS OF CENTRAL IOWA							
1421 WALKER ST DES MOINES, IA 50316-3471	42-6075138	501 (C) 3	8,000.				MISSION SUPPORT
(3) BIG BROTHERS BIG SISTERS OF EAST CENTRAL WI							
1331 AMERICAN DRIVE NEENAH, WI 54956	39-6103907	501 (C) 3	8,000.				MISSION SUPPORT
(4) BIG BROTHERS BIG SISTERS OF NORTHEAST WISCO							
520 N. BROADWAY ST., SUITE 220	39-1274696	501 (C) 3	8,000.				MISSION SUPPORT
(5) CUYAHOGA COUNTY PUBLIC LIBRARY							
2111 SNOW ROAD PARMA, OH 44134	34-6000819	501 (C) 3	8,000.				MISSION SUPPORT
(6) TAN'S TREATS, INC.							
2364 E LA GRASSE DR ST. GEORGE, UT 84790	81-2756565	501 (C) 3	7,900.				MISSION SUPPORT
(7) BOYS & GIRLS CLUB OF BOWLING GREEN WAR MEMO							
260 SCOTT WAY BOWLING GREEN, KY 42101	61-0482974	501 (C) 3	7,900.				MISSION SUPPORT
(8) THE CHILDREN'S HUNGER PROJECT							
1855 W KING STREET COCOA, FL 32926	36-4686823	501 (C) 3	7,600.				MISSION SUPPORT
(9) GREATER FAITH COMMUNITY ACTION CORPORATION							
PO BOX 215 SPRINGFIELD, TN 37172	90-0139322	501 (C) 3	7,500.				MISSION SUPPORT
(10) APF SUPPORT INC. (ATLANTA POLICE FOUNDATION							
191 PEACHTREE STREET NE, SUITE 191	84-2208967	501 (C) 3	7,500.				MISSION SUPPORT
(11) FEEDING THE VALLEY, INC.							
P.O. BOX 8904 COLUMBUS, GA 31908	58-1498131	501 (C) 3	7,500.				MISSION SUPPORT
(12) THE LOVE KITCHEN, INC.							
2418 MARTIN LUTHER KING JR. AVENUE	62-1448193	501 (C) 3	7,000.				MISSION SUPPORT
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 ta	ole			
3 Enter total number of other organizations lis	ted in the line	1 table					

Department of the Treasury

Internal Revenue Service

Name of the organization

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

2021

Open to Public Inspection

Schedule I (Form 990) 2021

Employer identification number

INSPIRE BRANDS FOUNDATION, INC.						58-1692997	
Part I General Information on Grants and	d Assistanc	е					
1 Does the organization maintain records to s	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	' eligibility for the grant	s or assistance, and	
the selection criteria used to award the grant			•				Yes No
2 Describe in Part IV the organization's proced							
Part Grants and Other Assistance to D	omestic Or	ganizations a	nd Domestic Gov	vernments Com	nolete if the organiz	ation answered "Y	es" on Form 990
Part IV, line 21, for any recipient to		_					oo on ronn ooo,
	1	1	1	<u> </u>			T
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) MAKE-A-WISH FOUNDATION OF IOWA							
3009 100TH STREET URBANDALE, IA 50322-3220	42-1310530	501 (C) 3	6,990.				MISSION SUPPORT
(2) BIG BROTHERS BIG SISTERS OF THE MISSISSIPPI							
130 W. 5TH STREET DAVENPORT, IA 52801	42-1320908	501 (C) 3	6,800.				MISSION SUPPORT
(3) CAMI JO CARES							
2451 BARNES CROSSING ROAD	82-1643347	501 (C) 3	6,700.				MISSION SUPPORT
(4) EMERGENCY FOOD PANTRY, INC.							
1101 4TH AVE N FARGO, ND 58102	51-0138107	501 (C) 3	6,700.				MISSION SUPPORT
(5) BIG BROTHERS BIG SISTERS OF CEDAR RAPIDS &							
3150 E AVE NW - SUITE 103	42-1170475	501 (C) 3	6,578.				MISSION SUPPORT
(6) FIGHT WITH AUSTIN FLASH SCHROEDER FOUNDATIO							
2920 DIAMOND MIL CIR CORALVILLE, IA 52241	47-5360520	501 (C) 3	6,522.				MISSION SUPPORT
(7) LEADERSHIP OKLAHOMA, INC.							
3037 NW 63RD STREET SUITE W104	73-1301631	501 (C) 3	6,500.				MISSION SUPPORT
(8) CARMACK BOULEVARD CHURCH OF CHRIST							
2111 CARMACK BLVD COLUMBIA, TN 38401	31-1594717	501 (C) 3	6,500.				MISSION SUPPORT
(9) C5 YOUTH FOUNDATION OF GEORGIA, INC.							
7 DUNWOODY PARK SUITE 103 ATLANTA, GA 30338	26-2498817	501 (C) 3	6,411.				MISSION SUPPORT
(10) BUTTE EMERGENCY FOOD BANK							
1019 E. SECOND BUTTE, MT 59701	81-0469563	501 (C) 3	6,400.				MISSION SUPPORT
(11) BIG BROTHERS BIG SISTERS OF NORTHWESTERN WI							
424 GALLOWAY ST EAU CLAIRE, WI 54703	23-7311200	501 (C) 3	6,100.				MISSION SUPPORT
(12) BIG BROTHERS BIG SISTERS OF CT, INC.							
30 LAUREL STREET, SUITE 3	06-0850379	501 (C) 3	6,100.				MISSION SUPPORT
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 ta	ole			
3 Enter total number of other organizations lis	ted in the line	1 table	<u> </u>	<u>.</u>	<u> </u>	<u> </u>	

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

Department of the Treasury

Internal Revenue Service Name of the organization

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

2021

Open to Public Inspection

Employer identification number

INSPIRE BRANDS FOUNDATION, INC.						58-1692997	
Part I General Information on Grants and	d Assistanc	е					
1 Does the organization maintain records to s	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	' eligibility for the grant	s or assistance, and	
the selection criteria used to award the grant	s or assistanc	e?					Yes No
2 Describe in Part IV the organization's proced	dures for mor	nitoring the use	of grant funds in th	e United States.			
Part II Grants and Other Assistance to D	omestic Or	ganizations a	nd Domestic Gov	vernments. Con	nplete if the organiz	ation answered "Y	es" on Form 990.
Part IV, line 21, for any recipient the		_					,
	T	T			·		(b) Dumana of smoot
(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) THE CHILDREN'S HOME ASSOCIATION OF ILLINOIS							
2130 N KNOXVILLE AVE PEORIA, IL 61603	37-0662601	501 (C) 3	6,050.				MISSION SUPPORT
(2) GREAT PLAINS FOOD BANK							
1720 3RD AVE N FARGO, ND 58102	47-2229589	501 (C) 3	6,000.				MISSION SUPPORT
(3) MARTY DUNAGAN DBA MARTY'S CENTER INC.							
4519 BRAINERD ROAD CHATTANOOGA, TN 37411	46-3332982	501 (C) 3	6,000.				MISSION SUPPORT
(4) COMMUNITY ACTION REGION VI							
PO BOX 507 JAMESTOWN, ND 58402	45-0333497	501 (C) 3	6,000.				MISSION SUPPORT
(5) BOYS & GIRLS CLUBS OF THE GREATER CHIPPEWA							
1005 OXFORD AVE EAU CLAIRE, WI 54703-5347	39-2032491	501 (C) 3	6,000.				MISSION SUPPORT
(6) BOYS AND GIRLS CLUBS OF WEST CENTRAL WISCON							
105 W. MILWAUKEE STREET TOMAH, WI 54660	39-1962065	501 (C) 3	6,000.				MISSION SUPPORT
(7) SOUTHWEST INDIANA POWERHOUSE INC.							
709 E MAIN ST WASHINGTON, IN 47501	35-2076306	501 (C) 3	6,000.				MISSION SUPPORT
(8) CHILD NETWORK							
171 N. WEST AVE. STE. 1 BRADLEY, IL 60915	36-3946186	501 (C) 3	5,900.				MISSION SUPPORT
(9) YANKTON FOOD FOR THOUGHT							
2407 BROADWAY AVE YANKTON, SD 57078	82-2234584	501 (C) 3	5,820.				MISSION SUPPORT
(10) BROOKINGS BACKPACK PROJECT							
PO BOX 8054 BROOKINGS, SD 57006	81-3314886	501 (C) 3	5,820.				MISSION SUPPORT
(11) WATERTOWN AREA PEOPLE AGAINST CHILD HUNGER							
PO BOX 176 WATERTOWN, SD 57201	46-3296115	501 (C) 3	5,820.				MISSION SUPPORT
(12) JUNIOR ACHIEVEMENT OF SOUTH DAKOTA							
300 S. PHILLIPS AVENUE, SUITE L102	46-0306352	501 (C) 3	5,820.				MISSION SUPPORT
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 ta	ole			
3 Enter total number of other organizations lis	ted in the line	1 table					

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

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

2021

OMB No. 1545-0047

Department of the Treasury

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

Open to Public Inspection

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

Name of the organization **Employer identification number** INSPIRE BRANDS FOUNDATION, INC. 58-1692997 **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 Yes No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 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. (f) Method of valuation (book, FMV, appraisal, other) (c) IRC section (d) Amount of cash (e) Amount of non-1 (a) Name and address of organization (b) EIN (g) Description of (h) Purpose of grant (if applicable) or government grant cash assistance noncash assistance or assistance (1) WEEKEND SNACKPACK INC 1200 W UNIVERSITY AVE MITCHELL, SD 57301 27-3846471 501 (C) 3 5,820 MISSION SUPPORT (2) BIG BROTHERS BIG SISTERS OF THE LEHIGH VALL 41 S. CARLISLE STREET ALLENTOWN, PA 18109 23-1746895 501 (C) 3 5,800. MISSION SUPPORT (3) CORPORATE VOLUNTEER COUNCIL OF ATLANTA 600 MEANS STREET NW, SUITE 100 58-2054790 501 (C) 3 5,500. MISSION SUPPORT (4) CARING COMMUNITY 31-1609625 501 (C) 3 5,400 PO BOX 321 WAKEMAN, OH 44889 MISSION SUPPORT (5) WATSON GROVE MISSIONARY BAPTIST CHURCH (FOO 1415 HORTON AVENUE NASHVILLE, TN 37212 62-1188319 501 (C) 3 5,100. MISSION SUPPORT (6) BIG BROTHERS BIG SISTERS OF SOUTHWESTERN IN 320 SE MARTIN LUTHER KING JR. BLVD. SUITE C 35-1305578 501 (C) 3 5,100 MISSION SUPPORT (7) (8) (9) (10)(11)(12)

(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.

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 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

INSPIRE BRANDS FOUNDATION, INC.

Employer identification number

58-1692997

Part	Questions Regarding Compensation			
			Yes	No
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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account 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	1b		
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?	2		
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.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X 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			
7	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	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:			
а	The organization?	5a	Х	
b	Any related organization?	5b		Х
	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:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	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	X	
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		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		1

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

Schedule J (Form 990) 2021

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.

		(B) Breakdown of W-2 a	nd/or 1099-MISC and/or	1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
STUART BROWN	(i)	165,662.	43,700.		8,902.	19,732.	237,996.	NONE
1 EXECUTIVE DIRECTOR	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
EMILY CRAWFORD	(i)	118,474.	23,232.		5,217.	6,317.	153,240.	NONE
2 DIRECTOR OF IMPACT	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
RYAN VAN SICKLE	(i)	119,655.	19,188.		2,377.	19,317.	160,537.	NONE
3 DIRECTOR OF OPERATION	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

58-1692997

Part | 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 3

COMPENSATION INFORMED BY A 2019 STUDY. STUDY SCHEDULED AGAIN FOR 2023.

BOARD CHAIR APPROVES EXECUTIVE DIRECTOR SALARY SPECIFICALLY. FULL BOARD

APPROVES THE ENTIRETY OF FOUNDATION COMPENSATION AS A PART OF THE BUDGET

PROCESS.

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.

Department of the Treasury

Internal Revenue Service

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open To Public Inspection

Employer identification number Name of the organization INSPIRE BRANDS FOUNDATION, INC 58-1692997 Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (d) Corrected? (b) Relationship between disqualified person and 1 (a) Name of disqualified person (c) Description of transaction organization Yes No (1) (2) (3)(4)(5) (6)Enter the amount of tax incurred by the organization managers or disqualified persons during the year Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (g) In default? (h) Approved (i) Written (a) Name of interested person (b) Relationship (f) Balance due (c) Purpose of (d) Loan to or (e) Original with organization Ioan from the principal amount by board or agreement? organization? committee? From Yes No Yes No Yes No (1) (2) (3)(4)(5)(6)(7) (8)(9)(10)Total Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance person and the organization (1)(2) (3)(4)(5)(6)(7) (8) (9)

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

Schedule L (Form 990) 2021

(10)

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	aring of zation's nues?
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(8)					
(9)					
(10)					

Part V **Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

PART II, LINE 1

DURING 2021, THE FOUNDATION ENTERED INTO AN AGREEMENT WITH INSPIRE BRANDS, INC. FOR INSPIRE BRANDS, INC. TO PROVIDE FUNDING FOR A GRANT OBLIGATION TO A NONPROFIT. AT DECEMBER 31, 2021, THE OUTSTANDING BALANCE WAS \$750,000 AND IS TO BE PAID \$150,000 PER YEAR THROUGH 2025.

Noncash Contributions

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990.

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

Employer identification number 58-1692997

INS	PIRE BRANDS FOUNDATION,	INC.			58	-1692997			
Par	Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contributio amounts reported o Form 990, Part VIII, lin	n _	Method of noncash contr			
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 ► (FOOD & BEVERAGE)	X	1	81,50	0. FI	MV			
26	Other ► (MARKETING ITEMS)	X	1	111,80	0. FI	MV			
27	Other ▶()								
28	Other ►()								
29	Number of Forms 8283 received	by the org	anization during the tax y	ear for contributions	for				
	which the organization completed F	Form 8283,	Part V, Donee Acknowledge	ement	2	9			
						-	\	es/	No
30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I,	, lines '	1 through			
	28, that it must hold for at least the	hree years f	rom the date of the initial	contribution, and whi	ch isn'	t required			
	to be used for exempt purposes for	the entire h	olding period?				30a		X
b	If "Yes," describe the arrangement i								
31	Does the organization have a	gift accept	tance policy that require	es the review of a	iny no	nstandard			
	contributions?						31		Χ
32a	Does the organization hire or use	e third parti	es or related organization	s to solicit, process,	or sel	I noncash			
	contributions?						32a		X
	If "Yes," describe in Part II.								
33	If the organization didn't report an	amount in c	column (c) for a type of pro	perty for which colum	ın (a) is	checked,			
	describe in Part II.								

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

Schedule M (Form 990) 2021

1E1298 1.000

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

INSPIRE BRANDS FOUNDATION, INC.

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 THERETO 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, JAMES NORTH, AND LYLE TICK.

PART VI, SECTION A, LINE 7A

THE BYLAWS STIPULATE THE BOARD OF TRUSTEES SHALL ALWAYS INCLUDE (1) THE 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), (3) THE THEN SERVING BRAND PRESIDENT OF BUFFALO WILD WINGS (OR HIS OR HER DESIGNEE) AND (5) THE THEN SERVING BRAND PRESIDENT OF SONIC (OR HIS OR HER DESIGNEE) AND (5) THE THEN SERVING BRAND PRESIDENT OF JIMMY JOHN'S (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

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

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

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.

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.

Name of the organization Employer identification number INSPIRE BRANDS FOUNDATION, INC. 58-1692997

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 SONIC FOUNDATION SPARKS BRIGHTER FUTURES FOR AMERICA'S YOUTH. THE JIMMY JOHNS FOUNDATION EMPOWERS THE NEXT GENERATION TO DREAM BOLDLY AND THRIVE.

==========

Name of the organization			Employer identification	number			
INSPIRE BRANDS FOUNDATION, INC	1		58-1692997				
FORM 990, PART III, LINE 4D - OTHER PRO	OGRAM SERVICES						
DESCRIPTION	GRANTS	EXPEN	ISES	REVENUE			
OTHER PROGRAM SERVICES	6,089,70	3. 6,91	6,607.				
TC	TALS 6,089,70	3. 6,91	6,607.				

Name of the organization

INSPIRE BRANDS FOUNDATION, INC.

Employer identification number
58-1692997

FORM 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,

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

2021

Open to Public Inspection

Employer identification number

Department of the Treasury
Internal Revenue Service

Name of the organization

INSPIR	E BRANDS FOUNDATION, INC.				58-1692	997		
Part I	Identification of Disregarded Entities. Complete if the	e organization	answ	ered "Yes" on F	orm 990, Part I	/, line 33.		
	(a) Name, address, and EIN (if applicable) of disregarded entity		Р	(b) rimary 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. one or more related tax-exempt organizations during the	Complete if th	ne orga	anization answe	ered "Yes" on Fo	orm 990, Part IV,	line 34, because	it had
	(a) Name, address, and EIN of related organization	(b) Primary activ	ity	(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?

Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)(3))	Direct controlling entity	contr	12(b)(13) rolled ity?
						Yes	No
_(1)							
(2)							
(3)							
(4)							
_(5)							
(6)							
_(7)							

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Schedule R (Form 990) 2021

58-1692997

	(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	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	ox 20 manag K-1 partne		(k) Percentage ownership
			oounitry)					Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
<u> </u>													
(6)													
(7)													
<u> </u>		1											

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	(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	Sect 512(b contro entit	_
(1) INSPIRE BRANDS, INC. 13-3760393									
THREE GLENLAKE PARKWAY ATLANTA, GA 30328	RESTAURANT	DE	N/A	C-CORP	NONE	NONE		$\bot \bot$	X
(2)									
(3)									
(4)									_
(5)									_
(6)									
(7)									_

Yes No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
		1b		X
	Gift, grant, or capital contribution to related organization(s)		Х	
	Gift, grant, or capital contribution from related organization(s)	1c	X	
	Loans or loan guarantees to or for related organization(s)	1d		X
е	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		Х
	Sale of assets to related organization(s)	1g		Х
9	Our blood of society organization(s)	1h		X
n	Purchase of assets from related organization(s).			
	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	Х	
	Performance of services or membership or fundraising solicitations for related organization(s)	11		X
	Performance of services or membership or fundraising solicitations by related organization(s)	1m	Х	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
		10		X
0	Sharing of paid employees with related organization(s)	10		Λ
-	Reimbursement paid to related organization(s) for expenses	1p		X
q	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r	Х	
s	Other transfer of cash or property from related organization(s)	1s	Х	
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 three			
	(a) (b) (c)	(d)		
	Name of related organization Transaction Amount involved Method	of det	erminir	ng
	type (a-s) amou	unt inv	olved	
1)				
2)				
3)				
4)				
-,				
د ۱				
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
			sections 512 - 514)	Yes	No			Yes	No	,	Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
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(14)													
(15)													
(16)													