DLN: 93493304022549 OMB No 1545-0047 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 Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 C Name of organization D Employer identification number B Check if applicable Inspire Brands Foundation Inc ☑ Address change 58-1692997 % UTA BELVIN ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number ☐ Amended return Number and street (or P O box if mail is not delivered to street address) Room/suite ☐ Application pending (678) 514-5151 City or town, state or province, country, and ZIP or foreign postal code Atlanta, GA $\,$ 30328 $\,$ G Gross receipts \$ 10,023,912 Name and address of principal officer H(a) Is this a group return for DANTON NOLAN ☐Yes ☑No subordinates? Three Glenlake Parkway H(b) Are all subordinates Atlanta, GA 30328 ☐ Yes ☐No ıncluded? Tax-exempt status 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► www arbysfoundation org L Year of formation 1986 M State of legal domicile GA Summary 1 Briefly describe the organization's mission or most significant activities THE INSPIRE BRANDS FOUNDATION INVESTS IN THE RESOURCES AND EXPERIENCES KIDS NEED TO UNLOCK THEIR POTENTIAL Activities & Governance 2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 12 4 6 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 9 431 **6** Total number of volunteers (estimate if necessary) 6 Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 34 **Prior Year** Current Year 8 Contributions and grants (Part VIII, line 1h) . 7,398,980 7,686,694 Ravenua 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 607,187 316,686 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -179,443 -230,458 7,826,724 7,772,922 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 5,477,560 6,720,355 **14** Benefits paid to or for members (Part IX, column (A), line 4) . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 913,158 886,553 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶634,327 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 1,733,746 1,134,093 8,124,464 8,741,001 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) -968,079 -297,740 Revenue less expenses Subtract line 18 from line 12 . Net Assets or Fund Balances Beginning of Current Year **End of Year** 8,722,579 8,454,099 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 420,496 1,784,595 22 Net assets or fund balances Subtract line 21 from line 20 . 8,302,083 6,669,504 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2019-10-31 Signature of officer Sign Here DANTON NOLAN Treasurer Type or print name and title Print/Type preparer's name Preparer's signature Check 🔲 ıf P00488037 Paid self-employed Firm's name FRANT THORNTON LLP Firm's EIN ▶ Preparer Use Only Firm's address ► 1100 PEACHTREE STREET SUITE 1200 Phone no (404) 330-2000 ATLANTA, GA 30309 ✓ Yes 🗆 No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018)

Form	990 (2018)					Page 2
Pa	statement of	Program Servic	e Accomplis	hments		
	Check if Schedule	O contains a respo	onse or note to a	any line in this Part III .		🗹
1	Briefly describe the orgai	nızatıon's mıssıon				
PART GROV FOUN WE H WOR INNO	NERSHIPS AS A FOUNDA' WTH IN THE MARKETPLAC NDATION THE ARBY'S FOL IELP KIDS ACHIEVE THEIR K IS DONE ON A NATIONA NATIVE SOLUTIONS OUR	TION, WE FOCUS O E, WE DO BUSINE JNDATION BELIEVE DREAMS BY SUPP L, STATE AND LOC LTHREE-PILLAR FO JS, GROUND ZERO	ON THREE CORE SS AS THE ARBY SS THAT EVERY ORTING CHILDH AL LEVEL BY RA CUS ALLOWS US IS CHILDHOOD	PILLARS - FUELING POT 'S FOUNDATION AND G KID DESERVES TO DREA BOOD HUNGER, YOUTH L ISING AWARENESS, SU TO SUPPORT KIDS THE HUNGER WITHOUT PRO	UGH STRATEGIC NATIONAL AND OF THE PROPERTY OF THE BURNEY O	ENCE AND PROPELLING IFFALO WILD WINGS MS WITH CONFIDENCE IESS INITIATIVES OUR HIPS AND FUNDING ARS, PREPARING THEM UP
	Did the organization und	ortales any significa	ant program cor	uppe during the year wh	ush were not listed on	
2	-	, ,		5 ,	ich were not listed on	☐ Yes ☑ No
	the prior Form 990 or 99 If "Yes," describe these r					⊥ res ⊻ No
3	Did the organization cease			changes in how it condu	cts any program	
3	services?	. ,	iake significant	changes in now it condu	cts, any program	☐ Yes ☑ No
	If "Yes," describe these of					Lifes Linu
4		01(c)(4) organizatio	ons are required	to report the amount of	argest program services, as meas grants and allocations to others,	
4a	(Code See Additional Data) (Expenses \$	2,683,891	including grants of \$	2,641,264) (Revenue \$	0)
4b	(Code) (Expenses \$	1,931,627	including grants of \$	1,931,627) (Revenue \$	0)
	See Additional Data					
4c	(Code) (Expenses \$	732,357	including grants of \$	562,357) (Revenue \$	0)
	See Additional Data					
	(Code) (Expenses \$	2,232,365	including grants of \$	1,585,107) (Revenue \$	0)
	Other program services to fu	rther our mission				
4d	Other program services	(Describe in Sched	ule O)			
	(Expenses \$	2,232,365 incl	uding grants of	\$ 1,585,10	07) (Revenue \$	0)
4e	Total program service	expenses ▶	7,580,2	40		

Гаі	Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏	10	Yes	
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	Yes	
	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		No
	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 2	11c		No
	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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 2	12a	Yes	
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		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
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		No
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		No
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		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
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	200	Yes	

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

column (A), line 2^o If "Yes," complete Schedule I, Parts I and III

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

Νo

22

art	Checklist of Required Schedules (continued)			Page
аπ	Checklist of Required Schedules (Continued)		Yes	No
	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	Yes	
1	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
1	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
1	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,	28b		No
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🛸	29	Yes	
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-37 If "Yes," complete Schedule R, Part I	33		No
	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	Yes	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
	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		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38	Yes	
ιrt	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
	Enter the number reported in Box 3 of Form 1006 Enter -0- if not applicable 11		Yes	N

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

Yes

a Is the organization licensed to issue qualified health plans in more than one state?

which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand

Enter the amount of reserves the organization is required to maintain by the states in

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

13b

13c

13a

14a

14b

15

No

Nο

Form **990** (2018)

Section C. Disclosure

18

19

20

17 List the States with which a copy of this Form 990 is required to be filed▶

policy, and financial statements available to the public during the tax year

►UTA BELVIN THREE GLENLAKE PARKWAY Atlanta, GA 30328 (678) 514-5151

Page 6

Par	t VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI	•	nse to l	lines
Se	ction	A. Governing Body and Management			
				Yes	No
1a	Enter	the number of voting members of the governing body at the end of the tax year la			
	body,	re are material differences in voting rights among members of the governing or if the governing body delegated broad authority to an executive committee or r committee, explain in Schedule O			
b	Enter	the number of voting members included in line 1a, above, who are independent 1b 6			
2		ny officer, director, trustee, or key employee have a family relationship or a business relationship with any other , director, trustee, or key employee?	2	Yes	
3		e organization delegate control over management duties customarily performed by or under the direct supervision cers, directors or trustees, or key employees to a management company or other person?	3	Yes	
4	Did th	e organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4	Yes	
5	Did th	e organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did th	e organization have members or stockholders?	6		No
7a		e organization have members, stockholders, or other persons who had the power to elect or appoint one or more pers of the governing body?	7a	Yes	
b		ny governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or ns other than the governing body?	7b		No
8		e organization contemporaneously document the meetings held or written actions undertaken during the year by llowing			
а	The go	overning body?	8a	Yes	
ь	Each o	committee with authority to act on behalf of the governing body?	8b	Yes	
9		re any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the ization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction	B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	e.)	
				Yes	No
10a	Did th	e organization have local chapters, branches, or affiliates?	10a		No
b		s," did the organization have written policies and procedures governing the activities of such chapters, affiliates, ranches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has th	ne organization provided a complete copy of this Form 990 to all members of its governing body before filing the	11a	Yes	
b	Descri	be in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did th	e organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	Yes	
b	Were conflic	officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	12b	Yes	
c		e organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in full O how this was done	12c		No
13	Did th	e organization have a written whistleblower policy?	13	Yes	
14	Did th	e organization have a written document retention and destruction policy?	14	Yes	
15		e process for determining compensation of the following persons include a review and approval by independent ns, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The o	rganization's CEO, Executive Director, or top management official	15a	Yes	
ь	Other	officers or key employees of the organization	15b	Yes	
	If "Yes	s" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did th	e organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a le entity during the year?	16a		No
b	If "Yes	s," did the organization follow a written policy or procedure requiring the organization to evaluate its participation it venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt with respect to such arrangements?	166		

Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s

State the name, address, and telephone number of the person who possesses the organization's books and records

☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest

only) available for public inspection. Indicate how you made these available. Check all that apply

VA, WV, WI

16b

Form 990 (2018)

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 ,

Part VII

Sr Manager, Finance

(F)

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid • List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the
- organization and any related organizations • List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations • List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
- organization, more than \$10,000 of reportable compensation from the organization and any related organizations List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest
- compensated employees, and former such persons Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(B) (C) (D) (E)

Name and Title	Average hours per week (list any hours	an on on is	e bo both	t che x, u n an	eck m nless office ustee	er	Reportable compensation from the organization	Reportable compensation from related organizations	Estimated amount of other compensation from the	
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
(1) Chris Fuller Chairman/Exec Dir Thru 3/18	2 0	x		×				10,000	0	0
(2) Darla Morse Vice Chairman	2 0	х		х				0	0	0
(3) Danton Nolan Treasurer	2 0	х		х				0	0	0
(4) Andy D'Agosto Secretary	2 0	x		×				0	0	0
(5) Patty Tucker Director	1 0	x						0	0	0
(6) Ed Baker Director	1 0	x						0	0	0
(7) Bill Bolling Director	10	х						0	0	0
(8) Karen Bremer Director	10	х						0	0	0
(9) Paul Brown Director (Thru 4/18)	10	x						0	0	0
(10) David Cox Director	1 0	х						0	0	0
(11) John Davis Director (Thru 12/18)	1 0	х						0	0	0
(12) Antonio Machado Director	10	x						0	0	0
(13) Troy Foote Director (Thru 3/18)	10	x						0	0	0
(14) Neville Craw Director	1 0	x						0	0	0
(15) Rob Lynch Director	1 0	x						0	0	0
(16) Stuart Brown Exec Director	40 0			х				174,931	0	35,462
(17) Uta Belvın	40 0									

0 0

24.709

106.447

Form 990 (2018)										Page 8
Part VII Section A. Officers, Directors	, Trustees, K	ey Em	ploy	ees	, ar	d Hig	jhes	st Compensated	Employees (con	tinued)
(A) Name and Title	(B) Average hours per week (list any hours	Position (do not check more than one box, unless person is both an officer and a director/trustee)					son	compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
(18) Emily Crawford Dir , Impact & Communications	40 0 0 0					×		124,665	0	15,086

		trustee	al Trustee) ee	onpensated (i				
(18) Emily Crawford	40 0	l			Х	124,665	0	15.0	
Dır , Impact & Communications	0.0				^	124,665	U	15,0	00
									_
									_
									_
									_
									_
									_
									_
				-				-	

1b Sub-Total			•	•	416 043	75 257

1b Sub-Total													
d Total (add lines 1b and 1c)					•	•		416,043		0		75,2	
Total number of individuals (including but of reportable compensation from the organ		those lis	sted a	abov	e) w	ho red	ceive	ed more than	\$100	,000			

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such

services rendered to the organization? If "Yes," complete Schedule J for such person . . .

(A)

Name and business address

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

from the organization Report compensation for the calendar year ending with or within the organization's tax year

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

line 1a? If "Yes," complete Schedule J for such individual .

3

4

5

NONE,

individual .

Section B. Independent Contractors

compensation from the organization ▶ 0

1b Sub-Total			,				
d Total (add lines 1b and 1c)	 	1	•	•	416,043	0	75,257

								_
1b Sub-Total			•	•			•	_
c Total from continuation sheets to Part V	•		•	•				_
d Total (add lines 1h and 1c)		 	•	▶	416.043	01	75.2	∠57

Yes

Yes

3

4

5

(B)

Description of services

No

Νo

No

(C)

Compensation

Form 990 (2018)

Part	VIII Statement of	f Revenue							rage 3
	Check if Schedu	le O contains a	respor	nse or note to any	/ line in this Part VI				<u> \square</u>
					(A) Total revenue	(B) Related o exempt function		(C) Inrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
	1a Federated campaig	ıns	1a	l		revenue			512 - 514
nts	b Membership dues	<u> </u>	1b	_					
Gra not	c Fundraising events		1c	1,163,819					
Gifts, Grants illar Amounts	d Related organization	ons	1d	100,000					
<u>ā</u>	e Government grants (c	contributions)	1e						
ns, Sir	f All other contributions	s, gifts, grants,							
Contributions, Gifts, Grants and Other Similar Amounts	and similar amounts n above	not included	1 f	6,422,875					
를 된	g Noncash contribution	ons included	111	405					
Cont and	in lines 1a - 1f \$ h Total. Add lines 1a								
	I I I I I I I I I I I I I I I I I I I			Business	7,686,694				
Program Service Revenue	2a			Dusines	s code				
*									
Ce F	b —								
χέτν									
Ē	е		-	-					
ogra	f All other program se	ervice revenue			0				
Ğ	9 Total. Add lines 2a-2	2f	1	<u> </u>					_
	3 Investment income (i			terest, and other	2/10	63			241,963
	4 Income from investm			•	_	0			
	5 Royalties	<u> </u>		,	•	0			
		(ı) Real		(II) Personal	_				
	6a Gross rents								
	b Less rental expenses				7				
	c Rental income or		0		0				
	(loss)								
	d Net rental income o			(u) Oblasia		0			
	7a Gross amount	(ı) Securitie	s	(II) Other	-				
	from sales of assets other	1,898	3,133		0				
	than inventory								
	b Less cost or other basis and	1,822	2,843	56	57				
	sales expenses C Gain or (loss)	7:	5,290	-56	57				
	d Net gain or (loss)		<u> </u>	•	74,7	23			74,723
	8a Gross income from f	_							
nue	(not including \$ contributions reports								
e v	See Part IV, line 18		a	197,122					
r Œ	b Less direct expense c Net income or (loss)		b on eve	427,580	-230,4	58			-230,458
Other Revenue	9a Gross income from o	gaming activities	_						,
0	See Part IV, line 19		a	(
	b Less direct expense	es	ь		2				
	c Net income or (loss)		L ctivitie	es >		0			
	10aGross sales of inventoring returns and allowand		Γ						
	returns and anowand	ces	a	(
	b Less cost of goods :	sold	ь	()				
	c Net income or (loss)		vento	ory >		0			
	Miscellaneous 11a	Revenue		Business Code	_				
	11a								
	ь		_						
	_								
			_		1				
	d All other revenue .		+						
	e Total. Add lines 11a	a-11d		•		0			
	12 Total revenue. See	Instructions .			7 770 0	22			06.330
	1			•	7,772,9	44			86,228 Form 990 (2018)

Form 990 (2018)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	olumns All other orga	anızatıons must comp	olete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX .			<u> \square</u>
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	6,720,355	6,720,355		
2 Grants and other assistance to domestic individuals See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	210,393	63,118	84,157	63,118
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	536,206	199,172	191,920	145,114
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	22,466	6,740	8,986	6,740
9 Other employee benefits	55,125	19,053	18,842	17,230
10 Payroll taxes	62,363	25,030	21,089	16,244
11 Fees for services (non-employees)				
a Management	10,000	3,000	4,000	3,000
b Legal	16,425		16,425	
c Accounting	52,295		52,295	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	59,999		59,999	

291,179

137

0

0

0

0

0

10,805

23,904

351,800

133,141

46,199

5,731

5,949

8,741,001

49,472

50,097

26,960

g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)

18 Payments of travel or entertainment expenses for any

24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e

Total functional expenses. Add lines 1 through 24e
 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation
 Check here ► ☐ if following SOP 98-2 (ASC 958-720)

federal, state, or local public officials .

19 Conferences, conventions, and meetings .

22 Depreciation, depletion, and amortization .

12 Advertising and promotion .

13 Office expenses .

15 Royalties .

17 Travel .

16 Occupancy .

23 Insurance .

14 Information technology

20 Interest

21 Payments to affiliates . . .

expenses on Schedule O)

a RESTAURANT FUNDRAISING

b MISSION AWARENESS

e All other expenses

c MAKE A DIFFERENCE DAY

d PUBLIC RELATIONS EXPENSE

284,457

30,642

15,834

25,944

0

133,141

46,199

5,731

1,770

7,580,240

54

3,000

8,349

18,429

10,805

23,904

0

0

0

0

4,151

526,434

83

3,722

10,481

15,834

1,016

351,800

0

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n

28

634,327

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Page **11**

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11.114

19,084

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1.784.595

6.669.504

6.669.504

8,454,099

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6,408,384

8.454.099

1.581.752

202,843

54.112

19,608

0

0 14

6,841,150

8.722.579

251,810

124,100

44.586

0 20 0

0 22

0

0

420.496

8.302.083

8,302,083

8,722,579

0

9

10c

11 0 12

13

15

16

17

18

19

21

23

24 25

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27 28

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31 32

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Form 990 (2018)

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18

19

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21

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31

32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

Prepaid expenses and deferred charges

10a Land, buildings, and equipment cost or other

Investments—publicly traded securities .

Investments—other securities See Part IV, line 11 .

Total assets. Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Loans and other payables to current and former officers, directors, trustees,

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

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

Investments-program-related See Part IV, line 11

basis Complete Part VI of Schedule D

Intangible assets

Other assets See Part IV, line 11 .

Grants payable . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17 - 24)

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > \quad \text{and complete lines 30 through 34.}

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

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Less accumulated depreciation

				·
1	Cash-non-interest-bearing	846,448	1	786,762
2	Savings and temporary cash investments	693,442	2	696,815
3	Pledges and grants receivable, net	0	3	0
4	Accounts receivable, net	267,819	4	531,940
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete	0	5	0

69,595

50,511

	4	Accounts receivable, net	267,819	4	
ssets	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	
	7	Notes and loans receivable, net	0	7	
	8	Inventories for sale or use	0	8	

10a

10b

Form	990 (2018)				Page 12
Pai	Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		7.	,772,922
2	Total expenses (must equal Part IX, column (A), line 25)	2			741,001
3	Revenue less expenses Subtract line 2 from line 1	3			968,079
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			,302,083
5	Net unrealized gains (losses) on investments	5			664,500
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		6	,669,504
	rt XII Financial Statements and Reporting			•	
	Check if Schedule O contains a response or note to any line in this Part XII				П
	Check it Schedule & contains a response of floce to any line in all 5 fat All 1 1 1 1 1 1 1 1 1	•	· ·	Yes	No
	Accounting method used to prepare the Form 990				
1	Accounting method used to prepare the Form 990				
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle	3a		No

3b

Form **990** (2018)

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

Additional Data

Software ID:

Software Version:

EIN: 58-1692997

Name: Inspire Brands Foundation Inc

Form 990 (2018)

Form 990, Part III, Line 4a:

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

Form 990, Part III, Line 4b:

READINESS AND YOUTH LEADERSHIP

JUNIOR ACHIEVEMENT WE CONTRIBUTE FUNDS TO SUPPORT JUNIOR ACHIEVEMENT, A YOUTH-SERVING ORGANIZATION THAT HELPS PREPARE STUDENTS FOR A BRIGHT FUTURE OUR FUNDING SUPPORTS PROGRAMS AND INITIATIVES THAT SUPPORT YOUTH DEVELOPMENT AND EDUCATION, ALIGNING WITH OUT CORE PILLAR OF CAREER

Form 990, Part III, Line 4c: BIG BROTHERS BIG SISTERS OF AMERICA WE CONTRIBUTE FUNDS TO SUPPORT BBBS OF AMERICA, A YOUTH-SERVING ORGANIZATION THAT HELPS CHILDREN REALIZE THEIR POTENTIAL AND BUILD THEIR FUTURE, OUR FUNDS SUPPORT INITIATIVES AND PROGRAMS THAT PROVIDE ADULT VOLUNTEER MENTORS TO CHILDREN ACROSS.

THE COUNTRY, ALIGNING TO OUR CORE PILLAR OF YOUTH LEADERSHIP

efile	e GR/	APHIC prii	nt - DO NO	PROCESS	As Filed Data -			DLN: 9	3493304022549
	m 99	OULE A	Com	plete if the o	c Charity Status and Public Support e 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. to www.irs.gov/Form990 for the latest information.				2018
		f the Treasury		► Go to	www.irs.gov/Form	9 <u>90</u> for the late	st information		Open to Public Inspection
am	e of th	he organiza Is Foundation I						Employer identific	cation number
_		_			(41)			58-1692997	
	r t I rganiz				us (All organization e it is (For lines 1 thro			see instructions.	
1			•		ssociation of churches	-		(A)(i).	
2		A school de	scribed in sec	tion 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	90 or 990-EZ))		
3		A hospital o	or a cooperativ	e hospital ser	vice organization desc	ribed in section	170(b)(1)(A)(iii).	
4		·	esearch orgar	·	ed in conjunction with			-	nter the hospital's
5		An organiza			t of a college or unive	rsity owned or op	perated by a gov	rernmental unit descri	bed in section 170
6				•	governmental unit de	scribed in sectio	on 170(b)(1)(<i>A</i>	\)(v).	
7	✓	An organiza section 17	ation that norr '0(b)(1)(A)(mally receives vi). (Complete	a substantial part of it Part II)	s support from a	governmental u	init or from the gener	al public described in
8		A communi	ty trust descri	bed in sectior	170(b)(1)(A)(vi)	(Complete Part I	I)		
9					escribed in 170(b)(1) ee instructions Enter				lege or university or
D		from activit	es related to: וחכסme and נ	its exempt fur inrelated busin	(1) more than 331/39 actions—subject to cer less taxable income (le amplete Part III)	tain exceptions,	and (2) no more	than 331/3% of its s	upport from gross
1					d exclusively to test fo	r public safety S	ee section 509	(a)(4).	
2		more public	ly supported	organizātions (d exclusively for the be described in section 5 the type of supporting	09(a)(1) or sec	ction 509(a)(2). See section 509(a	
a		Type I. A so	supporting org n(s) the powe	anızatıon oper	ated, supervised, or cappoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by	
b		manageme	nt of the supp		ervised or controlled i ation vested in the sar and C.				
С					supporting organizatio				ated with, its
d		Type III n	on-functiona integrated T	ally integrate he organizatio	ions) You must com d. A supporting organi n generally must satis rt IV, Sections A and	zation operated fy a distribution	in connection wi	th its supported orgai	
e		Check this	box if the orga	anızatıon recei	ved a written determing integrated supporting	ation from the I		pe I, Type II, Type II	I functionally
f	Enter			organizations		J		_	
9					pported organization(.	
(i) Name of supported organization			(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
						Yes	No		
otal									
		work Reduc	tion Act Noti	ce, see the I	nstructions for	Cat No 11285	5F :	 Schedule A (Form 9	90 or 990-EZ) 2018

▶ ☑

Schedule A (Form 990 or 990-EZ) 2018

Page 2

	Section A. Public Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	5,530,138	5,727,618	6,363,553	7,398,980	7,686,694	32,706,983
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						(
3	The value of services or facilities furnished by a governmental unit to the organization without charge						C
4	Total. Add lines 1 through 3	5,530,138	5,727,618	6,363,553	7,398,980	7,686,694	32,706,983
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2,772,007
6	Public support. Subtract line 5 from line 4						29,934,976

III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	the organization without charge						
4	Total. Add lines 1 through 3	5,530,138	5,727,618	6,363,553	7,398,980	7,686,694	32,706,98
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2,772,00
	Public support. Subtract line 5 from line 4						29,934,97
S	ection B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a)2014	(b) 2015	(c)2016	(d) 2017	(e)2018	(f)Total
7	Amounts from line 4	5,530,138	5,727,618	6,363,553	7,398,980	7,686,694	32,706,98
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	247,569	243,505	209,481	204,410	241,963	1,146,92
9	Net income from unrelated business activities, whether or not the						

	(or fiscal year beginning in) ▶	(a)2014	(0)2013	(0)2010	(d)2017	(6)2010	(T)TOCAL
7	Amounts from line 4	5,530,138	5,727,618	6,363,553	7,398,980	7,686,694	32,706,983
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	247,569	243,505	209,481	204,410	241,963	1,146,928
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	113,110	257,333	311,626	208,095	197,122	1,087,286
11	Total support. Add lines 7 through 10						34,941,197
12	Gross receipts from related activities,	etc (see instruction	ons)			12	
13	First five years. If the Form 990 is fo	r the organization	's first, second, th	ırd, fourth, or fıfth	n tax year as a sec	tion 501(c)(3) org	janization,
	check this box and stop here					▶[
S	ection C. Computation of Public						
14	Public support percentage for 2018 (lir		14	85 672 %			
15	Public support percentage for 2017 Sci	nedule A, Part II,	line 14			15	82 056 %
16 a	33 1/3% support test—2018. If the	organization did r	not check the box	on line 13, and lin	ie 14 is 33 1/3% oi	r more, check this	box

33 1/3% support test-2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

17a 10%-facts-and-circumstances test-2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

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

h 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization gualifies as a publicly

organization

instructions

supported organization

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

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

Р	art IIII Support Schedule for	Organization	s Described in	Section 509(a	a)(2)			
	(Complete only if you c	hecked the box	on line 10 of Pa	art I or if the or	ganization failed		er Part II. If	
	the organization fails to	qualify under	the tests listed b	pelow, please co	omplete Part II.))		
Se	ection A. Public Support		T	Г			1	
	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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							
4	under section 513 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 72	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and							
/ a	3 received from disqualified persons							
ь	Amounts included on lines 2 and 3							
	received from other than disqualified							
	persons that exceed the greater of							
	\$5,000 or 1% of the amount on line 13 for the year							
c	Add lines 7a and 7b							
8	Public support. (Subtract line 7c							
	from line 6)							
Se	ection B. Total Support							
	Calendar year	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
0	(or fiscal year beginning in) ► Amounts from line 6			. ,				
L0a	Gross income from interest,							
LUa	dividends, payments received on							
	securities loans, rents, royalties and							
	income from similar sources							
Ь	Unrelated business taxable income							
	(less section 511 taxes) from businesses acquired after June 30,							
	1975							
C	Add lines 10a and 10b							
11	Net income from unrelated business							
	activities not included in line 10b,							
	whether or not the business is regularly carried on							
12								
	loss from the sale of capital assets							
	(Explain in Part VI)							
13	Total support. (Add lines 9, 10c, 11, and 12)							
14	First five years. If the Form 990 is fo	r the organization	ı ı's fırst, second. th	urd, fourth, or fift	h tax vear as a se	ction 501(c)(3) o	rganization.	
	check this box and stop here	.	,	,,,	,		▶ □	
Se	ection C. Computation of Public	Support Perce	ntage					
15	Public support percentage for 2018 (lin	e 8, column (f) d	ıvıded by line 13,	column (f))		15		
16	Public support percentage from 2017 S	ichedule A, Part I	II, line 15			16		
Se	ection D. Computation of Investi	ment Income	Percentage					
17	Investment income percentage for 201			lıne 13, column (f))	17		
18	Investment income percentage from 2017 Schedule A, Part III, line 17							
	331/3% support tests—2018. If the		•	on line 14, and lir	ne 15 is more than		e 17 ıs not	
	more than 33 1/3%, check this box and						▶□	
	33 1/3% support tests—2017. If the							
J	not more than 33 1/3%, check this box	-			•		▶ □	
20	Private foundation. If the organization	-	-				▶□	

Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Page 4

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

answer line 10b below

the organization had excess business holdings)

Schedule A (Form 990 or 990-EZ) 2018

Section A. All Supporting Organizations Yes

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	1	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509		

(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2) 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

2 За 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 3b

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below

4a 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 4b supervised by or in connection with its supported organizations Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support

to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by 5a amendment to the organizing document)

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? 5b

Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6 than (1) its supported organizations. (11) individuals that are part of the charitable class benefited by one or more of its

supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

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

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 7

8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

8

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. 9a

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

organization had an interest? If "Yes," provide detail in Part VI. 9b

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

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

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

9с

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding 10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Pa	art IV Supporting Organizations (continued)							
	cupper unit of game and (community)		Yes	No				
11	Has the organization accepted a gift or contribution from any of the following persons?							
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the							
u	governing body of a supported organization?	11a						
h	A family member of a person described in (a) above?	11b						
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c						
	Section B. Type I Supporting Organizations	110						
	ection B. Type I Supporting Organizations		Yes	No				
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such							
	powers during the tax year	1						
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that 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							
	-							
5	ection 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		163	NO				
_	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1						
S	Section D. All Type III Supporting Organizations							
			Yes	No				
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?)						
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)							
		2						
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3						
S	ection E. Type III Functionally-Integrated Supporting Organizations							
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ions)						
	a The organization satisfied the Activities Test Complete line 2 below							
	b							
	c	ınstru	ctions)					
2	Activities Test Answer (a) and (b) below.							
	· , · ,		Yes	No				
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a						
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b						
3	Parent of Supported Organizations Answer (a) and (b) below.	20						
	 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? Provide details in Part VI. 	3a						
	 b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard 	26						

Schedule A (Form 990 or 990-EZ) 2018 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional) 1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross 6 income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year) a Average monthly value of securities 1a **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c)

e Discount claimed for blockage or other factors (explain in detail in Part VI) 2 2 Acquisition indebtedness applicable to non-exempt use assets 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see 4 instructions)

5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 6 Multiply line 5 by 035 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency

temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) Schedule A (Form 990 or 990-F7) 2018

a Applied to underdistributions of prior years

b Applied to 2018 distributable amount c Remainder Subtract lines 4a and 4b from 4

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions 6 Remaining underdistributions for 2018 Subtract

lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2019. Add lines

31 and 4c 8 Breakdown of line 7 a Excess from 2014.

Schedule A (Form 990 or 990-EZ) (2018)

b Excess from 2015. c Excess from 2016.

d Excess from 2017. e Excess from 2018.

Additional Data

Software ID: Software Version:

EIN: 58-1692997

Name: Inspire Brands Foundation Inc.

Page 8

Schedule A (Form 990 or 990-EZ) 2018 Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Part VI Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V

Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions) Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

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

DLN: 93493304022549

Department of the Treasury Internal Revenue Service

(Form 990)

tern	nal Revenue Service	► Go to <u>www.irs.g</u>	<i>ov/Form</i> 990 for t	he la	test information			Ins	pection	
	me of the organ					Em	oloyer identi	fication	number	
lns	pire Brands Foundation	on Inc				58-:	1692997			
Ρā		zations Maintaining Donor Advi				or Acc	counts.			
	Complet	te if the organization answered "Ye								
			(a) Donor	advis	sed funds		(b)Funds an	d other a	ccounts	
•	Total number at	,								
		of contributions to (during year)								
		of grants from (during year)								
•	Aggregate value	at end of year								
i		ition inform all donors and donor adviso roperty, subject to the organization's ex			ets held in donor a	dvised	funds are the		Yes 🗌 I	oF
•		ition inform all grantees, donors, and do ises and not for the benefit of the donor							Yes 🗌 N	No
Pa	rt III Conser	vation Easements. Complete if th	ie organization ar	iswei	ed "Yes" on For	m 990	, Part IV, lın	ie 7.		_
	Purpose(s) of co	nservation easements held by the orga	nization (check all th	nat ap	ply)					
	☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of						cally importa	nt land a	rea	
	☐ Protection	of natural habitat			Preservation of a	certifie	d historic stru	cture		
	Preservation	on of open space								
	Complete lines 2	2a through 2d if the organization held a e last day of the tax year	qualified conservati	on co	ntribution in the fo	orm of a				
_		conservation easements				2a	Held at th	e End o	the Year	_
a L		stricted by conservation easements				2a 2b				_
b	_	ervation easements on a certified histori	c ctructure included	ın (5	,					
C				•	•	2c				
d	structure listed ii	ervation easements included in (c) acqui n the National Register				2d				
i	tax year >	ervation easements modified, transferre 	a, reieasea, extingu	iisnea	, or terminated by	tne or	ganization dui	ing the		
	Number of state	s where property subject to conservation	n easement is locat	ed ▶_			_			
i	Does the organizand enforcemen	zation have a written policy regarding th t of the conservation easements it holds	ne periodic monitorii 32	ng, in	spection, handling	of viol	_	Yes	□ No	
,	Staff and volunt	eer hours devoted to monitoring, inspec	ting, handling of vio	lation	ns, and enforcing o	conserv	ation easemei	nts durin	g the year	
•	Amount of expe	nses incurred in monitoring, inspecting,	handling of violation	ns, ar	d enforcing conse	rvation	easements du	ırıng the	year	
}	Does each conse	ervation easement reported on line 2(d) (h)(4)(B)(ii)?	above satisfy the re	equire	ments of section 1	170(h)(Yes	□ No	
ı	balance sheet, a	cribe how the organization reports consider include, if applicable, the text of the	footnote to the orga				atement, and			
aТ		's accounting for conservation easemen zations Maintaining Collections		al Tre	easures. or Otl	her Si	milar Asset			
		te if the organization answered "Ye								
a	art, historical tre	on elected, as permitted under SFAS 11 easures, or other similar assets held for XIII, the text of the footnote to its finar	public exhibition, ed	lucati	on, or research in					
b	historical treasu	on elected, as permitted under SFAS 11 res, or other similar assets held for pub its relating to these items								
	-	ed on Form 990 Part VIII line 1					▶ ¢			

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

Revenue included on Form 990, Part VIII, line 1

Cat No 52283D

Par	t IIII	Organizations Ma	<u>aintaining C</u> ol	ections of Art, H	<u>istori</u>	<u>cal</u> T	<u>reas</u>	ures, or	<u>Other</u>	<u>Similar As</u>	sets (con	tinued)	
3		g the organization's acq s (check all that apply)	uisition, accessior	, and other records,	check	any of	the f	ollowing t	hat are a	sıgnıfıcant u	se of its co	llection	
а	\checkmark	Public exhibition			d	✓	Loar	n or excha	ange prog	rams			
b		Scholarly research			e		Oth	er					
c		Preservation for future	e generations										
4	Provi Part	ide a description of the e	organızatıon's col	ections and explain h	now the	ey furti	her th	ne organiz	ation's ex	empt purpos	se in		
5		ng the year, did the orga ts to be sold to raise fur								ılar	☐ Yes	☑ No	•
Pai	rt IV										_		
		Complete if the org X, line 21.	ganization answ	ered "Yes" on Fori	m 990	, Part	IV,	line 9, or	reporte	d an amou	nt on For	m 990, i	art
1a		e organization an agent ded on Form 990, Part)		an or other intermedi	ary for	contri	butio	ns or othe	er assets i	not	☐ Yes	□ No	•
ь	If "Ye	es," explain the arrange	ement in Part XIII	and complete the fol	lowing	table		[Aı	nount		-
С		nning balance		·	_				1c				-
d	Addıt	tions during the year							1d				•
е	Distri	ributions during the year	-						1e				-
f	Endır	ng balance							1f				•
2a	Dıd t	he organization include:	an amount on Fo	rm 990. Part X. line 2	21. for	escrov	v or c	ustodial a	ccount lia	bility?	☐ Yes	No	•
b		es," explain the arrange								•	_		
	rt V	Endowment Fund											
				(a)Current year		rıor yea			ears back	(d) Three yea)Four years	back
1a	Beginr	ning of year balance .		6,751,003		6,43	5,361		5,709,555	5,2	266,600	4,4	65,185
b	Contril	butions		4,070,591		1,29	5,615		1,302,992	1,6	569,698	1,1	84,272
С	Net in	vestment earnings, gair	ns, and losses	-347,247		858	8,397		327,340		-87,047	4	76,661
d	Grants	s or scholarships	•	5,462,169		1,77	7,109		846,264	1,0	053,279	7-	41,232
е		expenditures for facilitie rograms	es										
f	Admın	istrative expenses .		59,999			1,261		58,262		86,417		18,286
g	End of	f year balance		4,952,179		6,75	1,003		6,435,361	5,7	709,555	5,2	66,600
2	Provi	ide the estimated percei	-	•	(line 1	g, colu	mn (a	a)) held a	s				
а	Board	d designated or quasi-e	ndowment > :	100 000 %									
b		nanent endowment 🕨											
C	Temp	porarily restricted endov	wment 🟲										
_		percentages on lines 2a,	•	•									
3a		here endowment funds: nization by	not in the posses	sion of the organizati	on that	t are n	eld a	nd admini	stered foi	r the		Yes	No
	_	nrelated organizations									3a(i		No
	(ii) r	related organizations .									3a(ii)	No
b		es" on $3a(\Pi)$, are the rel	-	·			? .				3b		
4		ribe in Part XIII the inte			ment f	unds							
Pa	rt VI	Land, Buildings, Complete if the ord			m 990	Part	· T\/	line 11a	See For	m 990 Par	t X line	10	
	Descr	ription of property	(a) Cost or oth (investme	er basis (b) Cost o						epreciation	•	Book value	
1a	Land							1		+			
	Buildir	1						+					
		hold improvements						+					
		ment				1	69,595	5		50,511			19,084
							•	1		,			•
		lines 1a through 1e (Co	ı olumn (d) must ed	ual Form 990, Part A	K, colur	nn (B)	, line	10(c)).		•			19,084

	Investments—Other Securities. Complete if the of See Form 990, Part X, line 12.	3					·
	(a) Description of security or category (including name of security)		(b) Book value	C		nod of val of-year m	uation arket value
	al derivatives	• •					
	Tied equity interests						
(A)							
(B)							
(C)							
(D)							
(E)							
(F)							
(G)							
(H)							
	nn (b) must equal Form 990, Part X, col (B) line 12)	•					
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form (a) Description of investment		rt IV, lır ok value		(c) Metl	nod of val	uation
(1)					ost or end-	of-year m	arket value
(2)							
(3)		+					
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
	an (b) must equal Form 990. Part X. col (B) line 13)	•					
Total. (Colum	Other Assets. Complete if the organization answered 'Ye	es' on Form	990, Pa	rt IV, line 11d	l See Form	ı 990, Par	
Total. (Colum Part IX		es' on Form	ı 990, Pa	rt IV, line 11d	i See Form	1 990, Par	t X, line 15 (b) Book value
Part IX	Other Assets. Complete if the organization answered 'Ye	es' on Form	1 990, Pa	rt IV, line 11d	i See Form	1 990, Par	
Part IX (1)	Other Assets. Complete if the organization answered 'Ye	es' on Form	1 990, Pa	rt IV, line 11d	1 See Form	1 990, Par	
Total. (Column Part IX (1) (2) (3)	Other Assets. Complete if the organization answered 'Ye	es' on Form	990, Pa	rt IV, line 11d	1 See Form	990, Par	
(1) (2) (3)	Other Assets. Complete if the organization answered 'Ye	es' on Form	990, Pa	rt IV, line 11d	i See Form	990, Par	
(1) (2) (3) (4)	Other Assets. Complete if the organization answered 'Ye	es' on Form	990, Pa	rt IV, line 11d	See Form	990, Par	
(1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered 'Ye	es' on Form	1990, Pa	rt IV, line 11d	See Form	990, Par	
(1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered 'Ye	es' on Form	1990, Pa	rt IV, line 11d	d See Form	990, Par	
(1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered 'Ye	es' on Form	1 990, Pa	rt IV, line 11d	d See Form	990, Par	
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered 'Ye (a) Description (a) Description					. •	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered 'Ye (a) Description					. •	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (1) (Columnary X	Other Assets. Complete if the organization answered 'Ye (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25. (a) Description of liability		s' on Fo		t IV, line	. •	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columnation of the columnation of the column	Other Assets. Complete if the organization answered 'Ye (a) Description (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25.		s' on Fo	 rm 990, Par		. •	(b) Book value
(1) Federal I	Other Assets. Complete if the organization answered 'Ye (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25. (a) Description of liability		s' on Fo	 rm 990, Par	t IV, line	. •	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (7) (1) Federal (1) Federal (2)	Other Assets. Complete if the organization answered 'Ye (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25. (a) Description of liability		s' on Fo	 rm 990, Par	t IV, line	. •	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (7) (1) Federal (1) Federal (2) (3)	Other Assets. Complete if the organization answered 'Ye (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25. (a) Description of liability		s' on Fo	 rm 990, Par	t IV, line	. •	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (7) (7) (8) (1) Federal (1) Federal (2) (3) (4)	Other Assets. Complete if the organization answered 'Ye (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25. (a) Description of liability		s' on Fo	 rm 990, Par	t IV, line	. •	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) (1) Federal (1) (2) (3) (4)	Other Assets. Complete if the organization answered 'Ye (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25. (a) Description of liability		s' on Fo	 rm 990, Par	t IV, line	. •	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columna	Other Assets. Complete if the organization answered 'Ye (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25. (a) Description of liability		s' on Fo	 rm 990, Par	t IV, line	. •	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columnar X 1. (1) Federal (1) (2) (3) (4) (7)	Other Assets. Complete if the organization answered 'Ye (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25. (a) Description of liability		s' on Fo	 rm 990, Par	t IV, line	. •	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columna Part X 1. (1) Federal (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered 'Ye (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25. (a) Description of liability		s' on Fo	 rm 990, Par	t IV, line	. •	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered 'Ye (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25. (a) Description of liability		s' on Fo	 rm 990, Par	t IV, line	. •	(b) Book value

Part XI

2

4

b

c

Part XII

5

1

2

c

d

3

4

b

5

Part XIII

See Additional Data Table

Return Reference

а

Schedule D (Form 990) 2018

Page 4

-446,922

8,141,070

-368,148

7,772,922

9,326,727

645,725

59.999

8.741.001

Schedule D (Form 990) 2018

8,681,002

2b 217.578 b 2c d 2d

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

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

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

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

e 3

Investment expenses not included on Form 990, Part VIII, line 7b .

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

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . .

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

Donated services and use of facilities . . .

Other (Describe in Part XIII)

Add lines 2a through 2d

Supplemental Information

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

Net unrealized gains (losses) on investments

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

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

4a

2a

2b

2c

2d

4a

4b

Explanation

2a

4b

3 59,999 -428.147 4c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

217,578

428,147

59.999

2e

3

4c

5

2e

-664.500

Schedule D (Form 990) 2018	Page 5
Part XIII Supplemental Info	mation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

Additional Data

Software ID: Software Version:

LLECTIONS ARE NOT REFLECTED ON THE FINANCIAL STATEMENTS

EIN: 58-1692997

Name: Inspire Brands Foundation Inc

UNRESTRICTED NET ASSETS IN THE YEAR IN WHICH THE COLLECTIONS ARE ACQUIRED. CONTRIBUTED CO.

Supplemental Information

Return Reference Explanation

MAINTAINING COLLECTIONS OF 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 ART

Supplemental Information		_
Return Reference	Explanation]
ORGANIZATION'S COLLECTIONS AND EXEMPT PURPOSE	PART III, LINE 4 THE FOUNDATION ACQUIRED A HAT THAT IS CONSIDERED A COLLECTIBLE THE HAT H AS 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 NEWSE UM IN WASHINGTON, DC AND THE GRAMMY MUSEUM IN LOS ANGELES WHEN ON TOUR, THE HAT HELPS TO INCREASE AWARENESS FOR THE FOUNDATION'S MISSION	

Cupplemental Information

Supplemental Information	
Return Reference	Explanation
ENDOWMENT	SCHEDULE D, PART V, LINE 4 THE INTENDED USE OF THE INSPIRE BRANDS FOUNDATION, INC ENDOWME NT FUND IS TO PROVIDE FINANCIAL RESOURCES TO FURTHER THE ORGANIZATION'S TAX EXEMPT PURPOSE

Supplemental Information						
Return Reference	Explanation					
FIN 48 (ASC 740) FOOTNOTE	PART X, LINE 2 THE FOUNDATION IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS BEING EXEMP T FROM FEDERAL AND STATE INCOME TAXES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INT ERNAL REVENUE CODE (THE "IRC") AS A PUBLICLY SUPPORTED ORGANIZATION U S GAAP REQUIRES AN ASSET AND LIABILITY APPROACH TO FINANCIAL ACCOUNTING AND REPORTING FOR INCOME TAXES DEFE RRED INCOME TAX ASSETS AND LIABILITIES ARE COMPUTED ANNUALLY FOR THE DIFFERENCE BETWEEN TH E 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 ALLOWA NCES 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 HAS REPORTED ON ITS FORM 990-T, THE RETURN TO REPORT UNRELATED BUSINESS INCOME, APPROXIMATELY \$750,000 OF NET OPERA TING LOSS CARRY FORWARDS THESE NET OPERATING LOSSES MAY BE AVAILABLE TO OFFSET FUTURE UNR ELATED BUSINESS INCOME THESE NET OPERATING LOSSES WILL EXPIRE BETWEEN 2023 TO 2026 THESE NET OPERATING LOSSES RESULTED IN APPROXIMATELY \$193,000 OF DEFERRED INCOME TAX ASSETS WHI CH ARE FULLY RESERVED FOR WITH A VALUATION ALLOWANCE MANAGEMENT DOES NOT BELIEVE IT IS MO RE LIKELY THAN NOT THE FUTURE BENEFITS OF THE NET OPERATING LOSSES WILL BE RECOGNIZED THE FOUNDATION RECOGNIZES THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE L IKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY THE TAXING AUTHOR ITY, BASED ON THE TECHNICAL MERTIS OF THE POSITION AS OF DECEMBER 31, 2018 AND 2017, THER E ARE NO KNOWN ITEMS WHICH RESULT IN RECORDING A LIABILITY RELATED TO UNCERTAIN TAX POSITI ONS TAX YEARS 2014 THROUGH 2018 REMAIN SUBJECT TO EXAMINATION BY MAJOR TAX JURISDICTIONS (US FEDERAL, STATE AND LOCAL AUTHORITIES) THE FOUNDATION HAS CONSIDERED THE PROVISIONS OF THE TAX CUTS AND JOBS ACT (THE "TCJA"), WHICH WAS SIGNED INTO LAW					

Supplemental Information Return Reference Explanation PART XI, LINE 4B, OTHER ADJUSTMENTS SPECIAL EVENTS EXPENSE \$(427,580) LOSS ON SALE OF TENT RECONCILIATION

\$\(\frac{1}{2}\), LINE 4B, OTHER ADJUSTMENTS SPECIAL EVENTS EXPENSE \\$(\frac{42}{128}\), LOSS ON SALE OF TENT \\$(\frac{5}{2}\), OTHER ADJUSTMENTS SPECIAL EVENTS \\$(\frac{5}{2}\), EXPENSE \\$(\frac{2}{2}\), 580 LOSS ON SALE OF TENT \\$567 ----------------- TOTAL \\$428.147

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE G**

Supplemental Information Regarding

Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the

DLN: 93493304022549 OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990 or 990-EZ)

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

Inspection

Employer identification number

ıspır	re Brands Foundation Inc						58-1692997	
Par	Fundraising Activi Form 990-EZ filers a	•	_		answered "Yes" on Fo	orm 990,	Part IV, line 1	17.
l.	Indicate whether the organiza	tion raised funds th	rough an	y of the f	ollowing activities Check	all that a	pply	
а	Mail solicitations			e	Solicitation of nor	ı-governm	ent grants	
b	☐ Internet and email solicita	grants						
c	Phone solicitations			g	J Special fundraisin	g events		
d	☐ In-person solicitations							
2a	Did the organization have a w or key employees listed in For							es 🗆 No
b	If "Yes," list the ten highest p to be compensated at least \$5			ndraisers) pursuant to agreements	under wh	nich the fundrais	ser is
i) N	ame and address of individual or entity (fundraiser)	(ii) Activity	fundrai custo cont contrib	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(or re fundra	nount paid to etained by) iser listed in col (i)	(vi) Amount paid to (or retained by) organization
1			Yes	No				
2								
3								
4								
5								
6								
7								
8								
9								
10								
otal			1	•				
	ist all states in which the organ censing	nization is registered	d or licens	sed to sol	ıcıt contributions or has t	peen notifi	ed it is exempt	from registration or

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

Sche	dule G (Form 990 or 990-EZ) 2018					F	age 3			
11	Does the organization conduct gaming	activities with nonmembers?			Yes	□No				
12	Is the organization a grantor, beneficia formed to administer charitable gaming		of a partnership or other entity		□Yes	□No				
13	Indicate the percentage of gaming activ	vity conducted in								
а	The organization's facility			13a			%			
b	An outside facility			13b			%			
14	Enter the name and address of the pers	son who prepares the organization's	gaming/special events books and re	cords						
	Name •									
	Address ►									
15a	Does the organization have a contract virevenue?	with a third party from whom the or	ganization receives gaming		□Yes	□No				
Ь	If "Yes," enter the amount of gaming re amount of gaming revenue retained by			e						
С	If "Yes," enter name and address of the third party									
	Name ►									
	Address ►									
16	Gaming manager information									
	Name ►									
	Gaming manager compensation ▶ \$									
	Description of services provided ►									
	☐ Director/officer	☐ Employee	☐ Independent contractor							
17	Mandatory distributions									
а	Is the organization required under state retain the state gaming license?	e law to make charitable distribution	s from the gaming proceeds to		□Yes	□No				
Ь	Enter the amount of distributions required in the organization's own exempt activities.		her exempt organizations or spent		35					
Pai			uired by Part I, line 2b, columns Also provide any additional infor							
	Return Reference		Explanation							

Schedule G (Form 990 or 990-EZ) 2018

DLN: 93493304022549 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number Inspire Brands Foundation Inc 58-1692997 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 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 (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization cash (book, FMV, appraisal, noncash assistance or assistance grant or government assistance other) (1) See Additional Data (2) (4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 2 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

Schedule I (Form 990) 2018 Part III Grants and Other Assi Part III can be duplicate	sistance to	Domestic Individu	ıals. Complete if the orç	ganızatıon answered "Yes'	" on Form 990, Part IV, line 22	Page 2
(a) Type of grant or assistar		(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)						
(2)						
(3)		1				
(4)		1				
(5)		1				
(6)		1				
(7)		1				
Part IV Supplemental I	Informatio	n. Provide the inf	iormation required in	Part I, line 2; Part III	I, column (b); and any other ac	additional information.
Return Reference	Explanation	ν n				
					PPLICATION PROCESS TO INDICATE	TE HOW FUNDS WILL BE ALLOCATED GRANTEES WHO

Additional Data

275 Northside Drive NW Atlanta, GA 30314

Software ID: Software Version: EIN: 58-1692997 Name: Inspire Brands Foundation Inc Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance

or government				assistance	other)		
Share Our Strength 1030 15th Street NW Washington, DC 20005	52-1367538	501(c)(3)	2,641,264	0			Mission Support
Junior Achievement of Georgia Inc	58-0598050	501(c)(3)	1,931,308	319	FMV	Food	Mission Support

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance Big Brothers Big Sisters of 23-1365190 501(c)(3) 562,357 Mission Support

Tampa, FL 33607	12-4129457	501/c)/3)	226 011	0		Mission Support
DonorsChooseorg 134 West 37th Street 11th Fl	13-4129457	501(c)(3)	326,011	0		Mission Support

STE B

New York, NY 10018

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance Horizons Atlanta Inc. 37-1747624 501(c)(3) 150.000 Mission Support

	 		_		
11 Atlanta, GA 30332					
177 North Ave NW 3rd Fl Ste		· '			

One Education Way Colorado Springs, CO 80906

Junior Achievement USA 84-1267604 501(c)(3) 79.517 Mission Support

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Support

Atlanta Community Food Bank 732 Joseph E Lowery Blvd NW Atlanta, GA 30318	58-1376648	501(c)(3)	50,000		FMV	Food	Mission Support
FoodFinderGA Inc	47-2110577	501(c)(3)	50,000	0			Mission Support

FoodFinderGA Inc 47-2110577 501(c)(3) 50,000 2642 Rankin Run

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Duluth, GA 30097

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 58-2374577 501(c)(3) 50.000 Georgia Food Bank Association Mission Support 732 Joseph Lowery Blvd NW Atlanta, GA 30318

United Heroes League 27-0711063 501(c)(3) 50,000 Mission Support 15211 Ravenna Trail

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

3rd floor Hastings, MN 55033

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance Blessings in a Backpack Inc 26-1964620 501(c)(3) 26.040 Mission Support

PO Box 950291 Louisville, KY 40295						
Points of Light 600 Means Street Suite 210	65-0206641	501(c)(3)	25,000	0		Mission Support

Suite 1800

Atlanta, GA 30338

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Robert W Woodruff Arts Center 58-0633971 501(c)(3) 25,000 Mission Support 1280 Peachtree St NE

22,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Atlanta, GA 30309

1361 Euclid Avenue Cleveland, OH 44115

Youth Opportunities Unlimited

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 61-0475286 501(c)(3) 21.000 St Joseph Catholic Orphan Mission Support Society 2823 Frankfort Avenue

20.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

2823 Frankfort Avenue Louisville, KY 40206

2492 White Oak Drive Decatur, GA 30032

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance North Carolina Outward Bound 56-0857708 501(c)(3) 20,000 Mission Support

School 2582 Riceville Rd Asheville, NC 28805						
Boys & Girls Clubs of Middle Tennessee	62-0540402	501(c)(3)	18,000	0		Mission Support

1704 Charlotte Avenue Ste 200

Nashville, TN 37203

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance United Way Asheville & 56-0576159 501(c)(3) 16,667 Mission Support

Agape Youth & Family Center	58-2372950	501(c)(3)	10,000	5,484	FMV	Food	Mission Support
Buncombe County 50 South French Broad Avenue Suite 1540 Asheville, NC 28801							

2210 Marietta Boulevard NW Atlanta, GA 30318

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance The Stewart Foundation Inc 20-5918776 501(c)(3) 15.000 Mission Support PO Box 54860 Fast Tower

14.500

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Atlanta, GA 30308
Utah Food Bank

3150 S 900 West Salt Lake City, UT 84119

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance 87-0491952 501(c)(3) 14.000 Community Action Services Mission Support and Food Bank 815 S Freedom Blvd Ste 100 Provo. UT 84601

13.500

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Emerald Youth Foundation

1014 Heiskell Avenue 3rd Floor Suite 11 Knoxville, TN 37921

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance Feeding Texas 74-2762542 501(c)(3) 12.807 Mission Support 1524 South IH035 Ste 342 Suite 119 Austin, TX 78704 Atlanta Fire Rescue Foundation 30-0245635 501(c)(3) 12.500 Mission Support

Inc

PO Box 19045 Atlanta, GA 31126

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance Belmont Hills Elementary 58-6000214 501(c)(3) 5.000 6.981 FMV Food Mission Support 605 Glendale Place Suite 105 Smyrna, GA 30080 Big Brothers Big Sisters of 58-0861895 501(c)(3) 10.000 Mission Support Metro Atlanta

1382 Peachtree Street NE Atlanta, GA 30309

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance Big Brothers Big Sisters of 87-0336168 501(c)(3) 10.000 Mission Support Utah

2121 South State Street Suite 201 Dept 201 Salt Lake City, UT 84115						
Dream Vision Youth Foundation	30-0867722	501(c)(3)	10,000	0		Mission Support

26231 Sandcastle Court

San Juan Capistrano, CA

92675

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Emergency Food Pantry Inc 51-0138107 501(c)(3) 10.000 Mission Support 1101 4th Avenue North

10,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

36-3293534

Fargo, ND 58102 Feeding South Dakota

1111 N Creek Drive Rapid City, SD 57703

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance sion Support

Fill Ministries	46-2706835	501(c)(3)	10,000	0		Missi
432 Canton Rd Ste A						i
Cumming, GA 30040						ı

Focus On Your Future 82-2077844 501(c)(3) 10,000 Mission Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1696 Harlington Road Smyrna, GA 30082

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 58-1793382 501(c)(3) 10.000 Georgia Court Appointed Mission Support Special Advocates 75 Marietta Street NW Ste 404

Atlanta, GA 30303

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Birmingham, AL 35242

Lifeline Children's Services 63-0896878 501(c)(3) 10.000 Mission Support 100 Missionary Ridge

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Madonna School 47-0491332 501(c)(3) 10.000 Mission Support

Support

6402 North 71st Plaza Omaha, NE 68104						
The Giving Kitchen Initiative 513 Edgewood Avenue Ste 100	46-2176788	501(c)(3)	10,000	0		Mission S

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Bldg 6 Room 617 Atlanta, GA 30312

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 58-0619038 501(c)(3) 10.000 The Lovett School Inc Mission Support 4075 Paces Ferry Road NW Atlanta, GA 30327

Cristo Rev Atlanta Jesuit High 46-5370270 501(c)(3) 9,000 Mission Support School

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

222 Piedmont Ave Atlanta, GA 30308

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 13-1665552 501(c)(3) 9.000 Muscular Dystrophy Assoc -Mission Support Greater VA Mission Support

1503 Santa Rosa Road Ste 120 Richmond, VA 23229 42-0733466 501(c)(3) 8.000 Friendly House of Davenport Iowa

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1221 Myrtle Street Davenport, IA 52804

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 87-0212450 501(c)(3) 7.000 Catholic Community Services Mission Support of Utah

7.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

2504 F Avenue Ogden, UT 84401 CrossBridge Inc

335 Murfreesboro Pike Nashville, TN 37210

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance Hospitality Education 58-2340138 501(c)(3) 7.000 Mission Support

Suite 2066 Kingsport, TN 37663

Foundation of GA 1579 Monroe Drive Ste 224 Atlanta, GA 30324			'			
Second Harvest Food Bank of Northeast TN 1020 Jericho Road	62-1303822	501(c)(3)	7,000	0		Mission Support

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance 47-0424788 501(c)(3) 7.000 United Way of Western Mission Support Nebraska 1517 Broadway Ste 106 Scottsbluff, NE 69361

6.500

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Big Brothers Big Sisters of

7700 Second Avenue Ste 602

Metro Detroit

Detroit, MI 48202

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance Big Brothers Big Sisters 54-0702502 501(c)(3) 6.500 Mission Support Services Inc

1707 Summit Avenue 200 Richmond, VA 23230 PTA Georgia Congress -56-2355570 501(c)(3) 6.436 Mission Support Russom ES PTA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

44 Russom Elementary Lane

Dallas, GA 30132

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Abide Network Inc. 47-0655246 501(c)(3) 6.000 Mission Support 3223 North 45th Street

6,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Omaha, NE 68111 At The Core

4903 E Peone Pines Drive Mead, WA 99021

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance Big Brothers Big Sisters of 91-0673185 501(c)(3) 6.000 Mission Support Puget Sound 1600 South Graham Street

6.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Seattle, WA 98108
Big Brothers Big Sisters of

3650 Glen Oaks Blvd Sioux City, IA 51104

Siouxland

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance Big Oak Ranch Inc 23-7413017 501(c)(3) 6,000 Mission Support Support

6000 Shelley Drive Springville, AL 35146						
Dacotah Foundation 600 South 2nd Street Suite	23-7115398	501(c)(3)	6,000	0		Mission S

308

Bismarck, ND 58504

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Downtown Jimmie Hale Mission 63-0358757 501(c)(3) 6.000 Mission Support

6,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

PO Box 10472

2101 S 42 Street Omaha, NE 68105

Birmingham, AL 352020472
Heartland Family Service

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance Tunion Ashiousanasa of Control E0 0072112 E01/-1/21 6 000 Mississ Cummant

Florida 2121 Camden Road Orlando, FL 32803	39-09/2112	301(0)(3)	6,000	0		Mission Support
Corporate Volunteer Council of	58-2054790	501(c)(3)	5,500	0		Mission Support

Alialita 600 Means Street NW Suite 100

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Atlanta, GA 30318

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant **(b)** EIN (c) IRC section organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 501(c)(3) 5.500 Marine Tovs for Tots 20-3021444 Mission Support Foundation 18251 Ouantico Gateway Drive

Triangle, VA 22172

Compensation Information Compensation Compensation Compensated
Part I Questions Regarding Compensation Inspire Brands Foundation Inc Same of the organization Same of the organization
Part I Questions Regarding Compensation 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to explain 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 Payments for business use of personal residence Payments for business use of personal residence Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? 3 Indicate which, if any, of the following the filing 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, regarding the items checked in line 1a? 2 Compensation committee Written employment contract Compensation committee Written employment cont
Part I Questions Regarding Compensation 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to explain 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 Payments for business use of personal residence Payments for business use of personal residence Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? 3 Indicate which, if any, of the following the filing 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, regarding the items checked in line 1a? 2 Compensation committee Written employment contract Compensation committee Written employment cont
Internal Revenue Service Employer identification number Inspire Brands Foundation Inc. Employer identification number 58-1692997
Name of the organization Inspire Brands Foundation Inc. Sa-1692997
Part I Questions Regarding Compensation Yes No 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 Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in 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 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? Indicate which, if any, of the following the filing 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 Ocompensation survey or study Approval by the board or compensation committee Written employment contract Approval by the board or compensation committee
Yes No 1a Check the appropiate 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
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
990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel
☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef) b If any of the boxes in 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, officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 3 Indicate which, if any, of the following the filing 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 ☐ Compensation survey or study ☑ Form 990 of other organizations ☑ Approval by the board or compensation committee ☐ Approval by the board or compensation or a related organization
Tax idemnification and gross-up payments
Discretionary spending account
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? 3 Indicate which, if any, of the following the filing 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 Ompensation survey or study Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization
or provision of all of the expenses described above? If "No," complete Part III to explain Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? Indicate which, if any, of the following the filing 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 Compensation survey or study Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization
directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? Indicate which, if any, of the following the filing 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 Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization
3 Indicate which, if any, of the following the filing 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 □ Compensation survey or study □ Form 990 of other organizations □ Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization
organization's CEO/Éxecutive 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 Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization
used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Independent compensation consultant Form 990 of other organizations During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization
☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization
☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization
Form 990 of other organizations Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization
related organization
a Receive a severalize payment of change of control payment
b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b No
c Participate in, or receive payment from, an equity-based compensation arrangement? 4c No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any
compensation contingent on the revenues of
a The organization?
b Any related organization?
If "Yes," on line 5a or 5b, describe in Part III
For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of
a The organization? 6a No
b Any related organization? 6b No
If "Yes," on line 6a or 6b, describe in Part III
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 No
Were any amounts reported on Form 990, Part VII, paid or accured 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
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section
53 4958-6(c)? For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No. 50053T Schedule 1 (Form 990) 2018

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

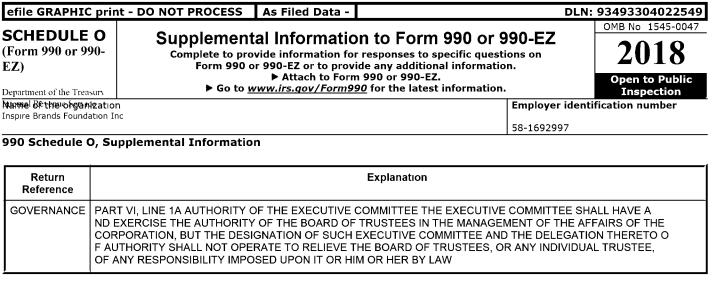
For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (D) Nontaxable (C) Retirement and (E) Total of columns (F) Compensation in column (B) reported other deferred benefits (B)(i)-(D)(i) Base (ii) Bonus & incentive (iii) Other compensation as deferred on prior compensation compensation reportable Form 990 compensation 1 Stuart Brown 139,422 (i) 35,509 7,267 28.195 210,393 Exec Director 0 (ii)

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Schedule J (Form 990) 2018

efil	e GRAPHIC pr	int - DO NOT PF	ROCESS	As Filed Data -			DLN:	9349330	40225	49
	IEDULE M			loncash Contri	hutions			OMB No 1	545-00	47
(For	m 990)	▶Complete if the		ons answered "Yes" on F	2018					
		▶ Attach to Form	_	ons answered Tes On T	orm 550, ruit 11, mies 2	J 0. J	·		10	
•	tment of the Treasury	▶Go to <u>www.irs.c</u>	ov/Form9	90 for the latest informa	tion.			Open to		C
Nam	e of the organizat	ion				Emplo	yer ident	tification nu		_
Inspir	e Brands Foundation	Inc				58-16	92997			
Pa	rt I Types	of Property				30 10	32337			
	7.	· · ·	(a)	(b)	(c)			(d)		_
				Number of contributions or items contributed				d of détermir ontribution a		
1	Art—Works of art	t			-9					
2	Art—Historical tr	easures .								
3	Art—Fractional in	nterests								
4	Books and public									
5	Clothing and hou									
6	goods Cars and other v	ehicles				1				
7	Boats and planes									
8	Intellectual prope	erty								
9	Securities—Public	cly traded .								
10	Securities—Close	ely held stock .								
11	Securities—Partr	1 ' '								
12	or trust interest Securities—Misce					+				
13		/ation								
	structures .					-				
14	Qualified conserve contribution—Of									
15	Real estate—Res									
16	Real estate—Cor	nmercial								
17	Real estate—Oth	er								
18	Collectibles .									
19	Food inventory									
20	Drugs and medic	al supplies .				-				
21	Taxidermy .					-				
	Historical artifact Scientific specim					+				
	Archeological art					+				
	Other ► (Х	0	106,83	1 Fair I	Market Valu	ue		
	ed Material)				,					
T-sh			Х	0	7,66	4 Fair N	Market Valı	ue		
27	Other ▶ (
28										
29				ition during the tax year for 3, Part IV, Donee Acknowled		29				0
30~	During the year	did the organization	n receive h	contribution any property i	reported in Dart I lines 1 th	rough	28 that it		Yes	No
30a	must hold for at	least three years fr	om the date	e of the initial contribution, a	and which is not required to					No
b	If "Yes," describ	e the arrangement	ın Part II					304	\dashv	No_
31	Does the organi	zation have a gift ac	ceptance p	olicy that requires the review	w of any nonstandard contr	bution	s?	31		No
32a		zation hire or use th		or related organizations to s	olicit, process, or sell nonce	sh •		32a		No
b	If "Yes," describ	e in Part II								
33	If the organizati	•	amount in	column (c) for a type of pro	perty for which column (a)	ıs ched	cked,			
For B		nn Act Notice, see the	- Instruction	s for Form 990	Cat No. 512271		Schoo	lule M (Form	999) (2	018



Return Explanation
Reference

Reference	
GOVERNANCE	PART VI, LINE 2 RELATIONSHIPS THE FOLLOWING BOARD MEMBERS AND OFFICERS HAVE A BUSINESS REL
	ATIONSHIP CHRIS FULLER, ROB LYNCH, DANTON NOLAN, PAUL BROWN, DARLA MORSE, AND NEVILLE CRA
	W

Return Explanation
Reference

GOVERNANCE PART VI, LINE 3 - MANAGEMENT THE PERSON WHO WAS THE EXECUTIVE DIRECTOR UNTIL MARCH 31, 201

8 WAS AN EMPLOYEE OF A RELATED ORGANIZATION AND THE RELATED ORGANIZATION PROVIDED THE EXECUTIVE DIRECTOR SERVICES UNDER A SHARED SERVICES AGREEMENT UNTIL MARCH 31, 2018 AT THAT TI

ME. A FOUNDATION EMPLOYEE, STUART BROWN, WAS NAMED EXECUTIVE DIRECTOR

Return Reference	Explanation
GOVERNANCE	PART VI, LINE 7A APPOINTMENT OF THE GOVERNING BODY THE BYLAWS STIPULATE THAT THE CEO OF IN SPIRE BRANDS, INC (INSPIRE) (OR HIS OR HER DESIGNEE) SHALL BE THE CHAIR OF THIS ORGANIZAT ION IN ADDITION, THE PERSON SERVING AS THE BRAND PRESIDENT OF ARBY'S (OR HIS OR HER DESIGNEE) SHALL SERVE AS A MEMBER OF THE BOARD OF TRUSTEES, AND THE PERSON SERVING AS THE BRAND PRESIDENT OF BUFFALO WILD WINGS (OR HIS OR HER DESIGNEE) SHALL SERVE AS A MEMBER OF THE BOARD OF TRUSTEES THE CHAIR OF THE CORPORATION SHALL APPOINT THE OTHER TRUSTEES, INCLUDING INSPIRE OR AFFILIATES PERSONNEL OR THOSE WHO ARE NOT EMPLOYEES, OFFICERS AND/OR DIRECTORS OF INSPIRE OR ITS AFFILIATES (INDEPENDENT TRUSTEES) AT ALL TIMES, INDEPENDENT TRUSTEES SHALL CONSTITUTE A MAJORITY OF THE BOARD NO PERSON SHALL BE APPOINTED OR ELECTED, NOR SHALL ANY PERSON SERVE, AS A TRUSTEE OF THE CORPORATION UNLESS AND UNTIL SUCH PERSON HAS BEEN REVIEWED, CONSIDERED, APPROVED, AND APPOINTED BY THE THEN SERVING CHIEF EXECUTIVE OFFICER OF INSPIRE

Return Reference	Explanation
GOVERNANCE	PART VI, LINE 4 - SIGNIFICANT CHANGES TO GOVERNING DOCUMENTS THE FOUNDATION AMENDED ITS AR TICLES OF INCORPORATION ON OCTOBER 1, 2018, CHANGING ITS NAME FROM ARBY'S FOUNDATION, INC TO INSPIRE BRANDS FOUNDATION, INC THE FOUNDATION AMENDED ITS BYLAWS, EFFECTIVE MARCH 28, 2019, TO REFLECT THE CHANGES IN THE FOLLOWING THE FOUNDATION'S NAME, THE MANNER OF APPOINTMENT OR ELECTION OF THE BOARD OF TRUSTEES, AND TERM OF OFFICE FOR OFFICERS * THE FOUNDATION CHANGED ITS NAME FROM ARBY'S FOUNDATION, INC TO INSPIRE BRANDS FOUNDATION, INC * MANNER OF APPOINTMENT OR ELECTION 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 DESIGN EE), WHO SHALL BE THE CHAIR OF THE CORPORATION AND SHALL SERVE AS THE CHAIR (AND SHALL HAVE). THE RIGHT TO DESIGNATE SOMEONE ELSE TO SERVE AS CHAIR) AND AS A MEMBER OF THE BOARD OF TRUSTEES FOR AS LONG AS HE OR SHE IS THE CHIEF EXECUTIVE OFFICER OF INSPIRE, (2) THE THEN SERVING BRAND PRESIDENT OF ARBY'S (OR HIS OR HER DESIGNEE) AND (3) THE THEN SERVING BRAND PRESIDENT OF BUFFALO WILD WINGS (OR HIS OR HER DESIGNEE) THE OTHER TRUSTEES SHALL BE APPOINTED BY THE CHIEF EXECUTIVE OFFICER OF INSPIRE * ELECTION AND TERM OF OFFICE FOR OFFICERS WITH THE EXCEPTION OF THE CHAIR, THE OFFICERS SHALL SERVE FOR TERMS OF TWO (2) YEARS AND THEREAFTER UNTIL THEIR SUCCESSORS HAVE BEEN ELECTED AND HAVE QUALIFIED, OR UNTIL THEIR EARLIER DEATH, RESIGNATION, REMOVAL, RETIREMENT, OR DISQUALIFICATION

Return Explanation
Reference

POLICIES PART VI, LINE 11 REVIEW OF FORM 990 THE FORM 990 IS REVIEW BY EXECUTIVE DIRECTOR AND SENIO R MANAGER OF FINANCE THE BOARD MEMBERS ARE SENT THE AUDIT AND FORM 990 ONE WEEK PRIOR TO FILING FOR THEIR REVIEW AT THE END OF ONE WEEK, EXECUTIVE COMMITTEE REVIEWS AND APPROVES THE AUDIT AND FORM 990

Return

Reference	
POLICIES	PART VI, LINE 15A - COMPENSATION OF THE EXECUTIVE DIRECTOR THE INDIVIDUAL WHO WAS THE EXEC UTIVE DIRECTOR UNTIL MARCH 31, 2018, WAS AN EMPLOYEE OF RELATED ORGANIZATION INSPIRE BRAND S AND THE RELATED ORGANIZATION PROVIDED THE EXECUTIVE DIRECTOR SERVICES UNDER A SHARED SER VICES AGREEMENT THE EXECUTIVE DIRECTOR DEVOTED ONE THIRD OF HIS TIME TO THE FOUNDATION THE FOUNDATION BOARD OF DIRECTORS INDEPENDENTLY ESTABLISHED AND DOCUMENTED THE FAIR MARKET VALUE OF THESE SERVICES THROUGH USE OF A THIRD PARTY REPORT ON FOUNDATION COMPENSATION THE EMEAN AMOUNT FOR THE APPROPRIATE POSITION WAS UTILIZED AS THE BENCHMARK AND THEN ONE THIR D OF THAT AMOUNT WAS USED TO ESTABLISH THE APPROPRIATE FAIR MARKET VALUE FOR THE SERVICES THIS AGREEMENT WAS APPLICABLE UNTIL MARCH 31, 2018, AT WHICH TIME A NEW EXECUTIVE DIRECTO R WAS NAMED, AND WHO IS COMPENSATED DIRECTLY BY THE FOUNDATION AS AN EMPLOYEE THE FOUNDATION BOARD OF DIRECTORS INDEPENDENTLY ESTABLISHED AND DOCUMENTED THE FAIR MARKET VALUE OF COMPENSATION FOR THE NEW EXECUTIVE DIRECTOR THROUGH USE OF A THIRD PARTY REPORT ON FOUNDATION COMPENSATION TO DETERMINE THE APPROPRIATE COMPARATIVE COMPENSATION FOR THE POSITION

Explanation

Return Explanation
Reference

POLICIES PART VI, LINE 15B - COMPENSATION OF THE OTHER OFFICERS AND KEY EMPLOYEES THE FOUNDATION BO ARD OF DIRECTORS INDEPENDENTLY ESTABLISHED AND DOCUMENTED THE FAIR MARKET VALUE OF COMPENS ATION FOR KEY EMPLOYEES THROUGH USE OF A THIRD PARTY REPORT ON FOUNDATION COMPENSATION TO DETERMINE THE APPROPRIATE COMPARATIVE COMPENSATION FOR THE POSITIONS

Return Explanation
Reference

11010101100	
DISCLOSURES	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 AN
	D CONFLICT OF INTEREST POLICY UPON REQUEST

Return Explanation
Reference

COMPENSATION PART VII, SECTION A - COMPENSATION OF EXECUTIVE DIRECTOR REFER TO PART VI, LINE 15A FOR IN FORMATION REGARDING COMPENSATION OF THE EXECUTIVE DIRECTOR THE POSITION PAID BY THE FOUND ATION TO THE RELATED ORGANIZATION UNDER THE SHARED SERVICES AGREEMENT (\$ 10,000) FOR EXECU

TIVE DIRECTOR SERVICES PROVIDED THROUGH MARCH 31, 2018 IS REFLECTED IN PART VII. LINE 1D.

efile GRAPHIC print - DC	NOT PROCESS	As Filed Data -										DLN: 93493	304022	549		
SCHEDULE R (Form 990) Department of the Treasury	ization ar	rganizations and Unrelated Partnerships zation answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990. irs.gov/Form990 for instructions and the latest information.										17				
Internal Revenue Service Name of the organization Inspire Brands Foundation Inc										Open to Public Inspection ployer identification number						
Part I Identification	of Disregarded E	ntities Complete If t	he organ	ızatıon answ	ered "Yes	" on Form	990, Part	IV, line 3		692997						
Name, address, and	(a) EIN (ıf applicable) of disr	egarded entity		(b) Primary a			c) nicile (state n country)	(d) Total inc	ome	(e) End-of-year as	ssets	(1 Direct co ent	ntrolling			
Part II Identification of related tax-exen	of Related Tax-Ex		s Comple	te if the org	anızatıon	I answered	"Yes" on F	orm 990,	Part IV	/, line 34 be	cause	ıt had one or	more			
Name, address, an	(a) d EIN of related organizati	on	Prim	(b) ary activity	Legal dom	c) nicile (state n country)	(d) Exempt Cod		Public cl	(e) narity status n 501(c)(3))	Dii	(f) rect controlling entity	Section (13) cor enti Yes	512(b) ntrolled		
For Paperwork Reduction Ac	t Notice see the Inc	structions for Form O				t No 5013	REV				Sch	edule R (Form	990) 20	118		

(a) Name, address, and E related organizatio		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controllin entity	unrelate excluded tax und sections!	ated, total inc ed, from er		Disprop	h) ortionate tions?	Code amour 20 Sched	(I) E V-UBI Int in box O of dule K-1 In 1065)	(j Gener mana partn	al or Pe ging o	(k) ercenta ownersh
					514)			Yes	No			Yes	No	
										-				
							I	1	1					
							nswered "Yes	s" on F	orm 9	90, Pa	art IV,	line :	34	
because it had one or more related Orgonical Name, address, and EIN of related organization		s a corporation	(c) Legal omicile or foreign	st during			(f) Share of tota	l Share	(g) e of end- year assets		art IV, (h Percer owner) tage	Sect (13)	contro entity?
because it had one or more rela (a) Name, address, and EIN of	ated organizations treated a	s a corporation	on or tru: (c) Legal Domicile	st during	(d) rect controlling entity	r. (e) Type of entity (C corp, S corp	(f) Share of tota , income	l Share	(g) e of end- year		(h Percer) tage	Sect (13)	tion 512) contro entity?
because it had one or more related (a) Name, address, and EIN of related organization INSPIRE BRANDS INC are Glenlake Parkway STE 1200 and a 30338	ted organizations treated a (b) Primary activity	s a corporation	on or true (c) Legal omicile or foreign untry)	st during	(d) rect controlling entity	r. (e) Type of entity (C corp, S corp or trust)	(f) Share of tota , income	l Share	(g) e of end- year	-of-	(h Percer) tage	Sect (13)	tion 51: contro entity?
because it had one or more related (a) Name, address, and EIN of related organization INSPIRE BRANDS INC the Glenlake Parkway STE 1200 and a 30338	ted organizations treated a (b) Primary activity	s a corporation	on or true (c) Legal omicile or foreign untry)	st during	(d) rect controlling entity	r. (e) Type of entity (C corp, S corp or trust)	(f) Share of tota , income	l Share	(g) e of end- year	-of-	(h Percer) tage	Sect (13)	tion 512 contro entity?
because it had one or more rela (a) Name, address, and EIN of related organization	ted organizations treated a (b) Primary activity	s a corporation	on or true (c) Legal omicile or foreign untry)	st during	(d) rect controlling entity	r. (e) Type of entity (C corp, S corp or trust)	(f) Share of tota , income	l Share	(g) e of end- year	-of-	(h Percer) tage	Sect (13)	tion 512) contro entity? es N
because it had one or more related (a) Name, address, and EIN of related organization INSPIRE BRANDS INC see Glenlake Parkway STE 1200 nta, GA 30338	ted organizations treated a (b) Primary activity	s a corporation	on or true (c) Legal omicile or foreign untry)	st during	(d) rect controlling entity	r. (e) Type of entity (C corp, S corp or trust)	(f) Share of tota , income	l Share	(g) e of end- year	-of-	(h Percer) tage	Sect (13)	tion 512) contro entity? es N
because it had one or more related (a) Name, address, and EIN of related organization INSPIRE BRANDS INC see Glenlake Parkway STE 1200 nta, GA 30338	ted organizations treated a (b) Primary activity	s a corporation	on or true (c) Legal omicile or foreign untry)	st during	(d) rect controlling entity	r. (e) Type of entity (C corp, S corp or trust)	(f) Share of tota , income	l Share	(g) e of end- year	-of-	(h Percer) tage	Sect (13)	tion 512) contro entity? es N
because it had one or more related (a) Name, address, and EIN of related organization INSPIRE BRANDS INC the Glenlake Parkway STE 1200 and a 30338	ted organizations treated a (b) Primary activity	s a corporation	on or true (c) Legal omicile or foreign untry)	st during	(d) rect controlling entity	r. (e) Type of entity (C corp, S corp or trust)	(f) Share of tota , income	l Share	(g) e of end- year	-of-	(h Percer) tage	Sect (13)	tion 512 contro entity?

1s Yes

Schedule R (Form 990) 2018

(d)

Method of determining amount involved

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1 b		No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1 f		No
g Sale of assets to related organization(s)	1 g		No
h Purchase of assets from related organization(s)	1h		No

No No Lease of facilities, equipment, or other assets to related organization(s) . . . 1k Yes 11 Performance of services or membership or fundraising solicitations for related organization(s) . . . No Yes m Performance of services or membership or fundraising solicitations by related organization(s) . . . 1m Yes 1n n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . 10 No Yes **1**q Yes Reimbursement paid by related organization(s) for expenses . . . 1r Yes

(b)

Transaction

type (a-s)

(c)

Amount involved

(a)

Name of related organization

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	domicile	(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) Disproprtionate allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
	ı									Schedul	e R (Form	199	0) 2018

