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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

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

A For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
Inspire Brands Foundation Inc

% UTA BELVIN
Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
Three Glenlake Parkway

City or town, state or province, country, and ZIP or foreign postal code
Atlanta, GA 30328

D Employer identification number
58-1692997

E Telephone number
(678) 514-5151

F Name and address of principal officer:
DANTON NOLAN
Three Glenlake Parkway
Atlanta, GA 30328

G Gross receipts \$ 13,765,731

H(a) Is this a group return for subordinates?
☐ Yes ☒ No
H(b) Are all subordinates included?
☐ Yes ☐ No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www.foundation.inspirebrands.com

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1986

M State of legal domicile: GA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
THE INSPIRE BRANDS FOUNDATION IGNITES AND NOURISHES CHANGE FOR GOOD.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a) 3 11

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 6

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 10

6 Total number of volunteers (estimate if necessary) 6 545

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0

7b Net unrelated business taxable income from Form 990-T, line 39 7b 0

Revenue

8 Contributions and grants (Part VIII, line 1h) 7,686,694 10,684,154

9 Program service revenue (Part VIII, line 2g) 0 0

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 316,686 204,787

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -230,458 -85,673

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 7,772,922 10,803,268

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 6,720,355 8,441,375

14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 886,553 1,105,704

16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0

16b Total fundraising expenses (Part IX, column (D), line 25) ▶916,669

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 1,134,093 1,387,098

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 8,741,001 10,934,177

19 Revenue less expenses. Subtract line 18 from line 12 -968,079 -130,909

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 8,454,099 11,095,916

21 Total liabilities (Part X, line 26) 1,784,595 3,369,116

22 Net assets or fund balances. Subtract line 21 from line 20 6,669,504 7,726,800

Part II Signature Block

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

Sign Here

Signature of officer
DANTON NOLAN TREASURER
Type or print name and title

2020-11-15
Date

Paid Preparer Use Only

Print/Type preparer's name
Firm's name ▶ SMITH & HOWARD PC
Firm's address ▶ 271 17TH STREET NW SUITE 1600
ATLANTA, GA 30363

Preparer's signature
Date 2020-11-15
Check ☐ if self-employed
Firm's EIN ▶
Phone no. (404) 874-6244

PTIN P91739349

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2019)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ ☒**1** Briefly describe the organization's mission:

AT THE INSPIRE BRANDS FOUNDATION WE EXIST TO IGNITE AND NOURISH CHANGE FOR GOOD THROUGH NATIONAL AND COMMUNITY PARTNERSHIPS. WE DO BUSINESS AS THE ARBYS FOUNDATION, THE BUFFALO WILD WINGS FOUNDATION AND THE SONIC FOUNDATION. GOING FORWARD, WE WILL ALSO DO BUSINESS AS THE JIMMY JOHN'S FOUNDATION.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 2,861,172 including grants of \$ 2,861,172) (Revenue \$)
See Additional Data

4b (Code:) (Expenses \$ 1,032,050 including grants of \$ 1,032,050) (Revenue \$)
See Additional Data

4c (Code:) (Expenses \$ 250,000 including grants of \$ 250,000) (Revenue \$)
See Additional Data

(Code:) (Expenses \$ 5,278,441 including grants of \$ 4,298,153) (Revenue \$)
OTHER PROGRAM SERVICES TO FURTHER OUR MISSION

4d Other program services (Describe in Schedule O.)
(Expenses \$ 5,278,441 including grants of \$ 4,298,153) (Revenue \$)

4e Total program service expenses **▶** 9,421,663

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 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	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d	No
e 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 	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 government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 Yes	

Part IV Checklist of Required Schedules (continued)

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

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	20
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

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

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 10			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		No
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		No
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a	Yes	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Yes	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9 Sponsoring organizations maintaining donor advised funds.				
a Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10 Section 501(c)(7) organizations. Enter:				
a Initiation fees and capital contributions included on Part VIII, line 12	10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11 Section 501(c)(12) organizations. Enter:				
a Gross income from members or shareholders	11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c Enter the amount of reserves on hand	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 720, Schedule N.		15		No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		16		No

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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 ☒

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 11		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent	1b 6		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes	
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6		No
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	No
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	No
13 Did the organization have a written whistleblower policy?	13	Yes
14 Did the organization have a written document retention and destruction policy?	14	Yes
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	Yes
b Other officers or key employees of the organization	15b	Yes
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

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

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶UTA BELVIN THREE GLENLAKE PARKWAY Atlanta, GA 30328 (678) 514-5151

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See 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.

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) STUART BROWN EXECUTIVE DIRECTOR	40.0 0.0			X				184,535	0	37,155
(2) EMILY CRAWFORD DIR. IMPACT & COMM.	40.0 0.0					X		132,047	0	15,515
(3) UTA BELVIN SR. MANAGER, FINANCE	40.0 0.0					X		111,866	0	23,562
(4) CHRIS FULLER CHAIRMAN	2.0 0.0	X		X				0	0	0
(5) DANTON NOLAN VICE CHAIRMAN/TREASURER	2.0 0.0	X		X				0	0	0
(6) CHRIS HELD SECRETARY	2.0 0.0	X		X				0	0	0
(7) JIM TAYLOR TRUSTEE	1.0 0.0	X						0	0	0
(8) LYLE TICK TRUSTEE	1.0 0.0	X						0	0	0
(9) DAVID POWELL TRUSTEE	1.0 0.0	X						0	0	0
(10) ANTONIO MACHADO TRUSTEE	1.0 0.0	X						0	0	0
(11) PATTY TUCKER TRUSTEE	1.0 0.0	X						0	0	0
(12) ED BAKER TRUSTEE	1.0 0.0	X						0	0	0
(13) BILL BOLLING TRUSTEE	1.0 0.0	X						0	0	0
(14) TRAVIS MURPHY TRUSTEE	1.0 0.0	X						0	0	0
(15) ROB LYNCH THRU 819 TRUSTEE	1.0 0.0	X						0	0	0
(16) DAVID COX THRU 919 TRUSTEE	1.0 0.0	X						0	0	0
(17) NEVILLE CRAW THRU 91 TRUSTEE	1.0 0.0	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) KAREN BREMER THRU 91 TRUSTEE	1.0X 0.0							0	0	0
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								428,448	0	76,232

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

3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	Yes	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

Section B. Independent Contractors

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

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

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

Form 990 (2019)										Page 9			
Part VIII Statement of Revenue													
Check if Schedule O contains a response or note to any line in this Part VIII										☐			
										(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .		1a										
	b Membership dues . . .		1b										
	c Fundraising events . . .		1c	1,346,575									
	d Related organizations		1d	405,000									
	e Government grants (contributions)		1e										
	f All other contributions, gifts, grants, and similar amounts not included above		1f	8,932,579									
	g Noncash contributions included in lines 1a - 1f:\$		1g	120,918									
	h Total. Add lines 1a-1f										10,684,154		
Program Service Revenue	2a		Business Code										
	b												
	c												
	d												
	e												
	f All other program service revenue.												
	g Total. Add lines 2a-2f.		0										
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			253,016						253,016			
	4 Income from investment of tax-exempt bond proceeds			0									
	5 Royalties			0									
			(i) Real	(ii) Personal									
	6a Gross rents		6a										
	b Less: rental expenses		6b										
	c Rental income or (loss)		6c	0		0							
	d Net rental income or (loss)				0								
			(i) Securities	(ii) Other									
	7a Gross amount from sales of assets other than inventory		7a	2,330,401		15,766							
	b Less: cost or other basis and sales expenses		7b	2,377,643		16,753							
	c Gain or (loss)		7c	-47,242		-987							
	d Net gain or (loss)				-48,229				-48,229				
	8a Gross income from fundraising events (not including \$ 1,346,575 of contributions reported on line 1c). See Part IV, line 18		8a	482,394									
	b Less: direct expenses		8b	568,067									
	c Net income or (loss) from fundraising events				-85,673				-85,673				
	9a Gross income from gaming activities. See Part IV, line 19		9a	0									
	b Less: direct expenses		9b	0									
	c Net income or (loss) from gaming activities				0								
	10a Gross sales of inventory, less returns and allowances		10a	0									
b Less: cost of goods sold		10b	0										
c Net income or (loss) from sales of inventory				0									
Miscellaneous Revenue			Business Code										
11a													
b													
c													
d All other revenue													
e Total. Add lines 11a-11d					0								
12 Total revenue. See instructions					10,803,268				119,114				

Form 990 (2019)

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	8,441,375	8,441,375		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	222,808	77,079	71,461	74,268
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	716,868	247,992	229,922	238,954
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	33,250	11,502	10,665	11,083
9 Other employee benefits	70,013	24,220	22,455	23,338
10 Payroll taxes	62,765	21,713	20,130	20,922
11 Fees for services (non-employees):				
a Management	15,000	15,000		
b Legal	21,055		21,055	
c Accounting	63,972		63,972	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	61,093		61,093	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	296,463	276,463	20,000	
12 Advertising and promotion	0			
13 Office expenses	110,744	48,838	50,198	11,708
14 Information technology	0			
15 Royalties	0			
16 Occupancy	40,821	12,582	15,658	12,581
17 Travel	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	9,236		9,236	
23 Insurance	0			
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 expenses on Schedule O.)				
a RESTAURANT FUNDRAISING	523,815			523,815
b IMPACT AND AWARENESS	194,862	194,862		
c COMMUNITY ENGAGEMENT	50,037	50,037		
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	10,934,177	9,421,663	595,845	916,669
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	786,762	1	1,120,310
	2 Savings and temporary cash investments	696,815	2	542,373
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	531,940	4	1,392,709
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	11,114	9	129,827
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 58,966		
	b Less: accumulated depreciation	10b 43,981	10c 19,084	14,985
	11 Investments—publicly traded securities	6,408,384	11	7,895,712
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	8,454,099	16	11,095,916	
Liabilities	17 Accounts payable and accrued expenses	202,843	17	240,987
	18 Grants payable	1,581,752	18	3,128,129
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25	1,784,595	26	3,369,116
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	6,669,504	27	7,726,800
	28 Net assets with donor restrictions	0	28	0
	Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	6,669,504	32	7,726,800
33 Total liabilities and net assets/fund balances	8,454,099	33	11,095,916	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,803,268
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,934,177
3	Revenue less expenses. Subtract line 2 from line 1	3	-130,909
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,669,504
5	Net unrealized gains (losses) on investments	5	1,188,205
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	7,726,800

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

		Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	Yes	
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
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 (2019)

Form 990, Part III, Line 4a:

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

Form 990, Part III, Line 4b:

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

Form 990, Part III, Line 4c:

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

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Inspire Brands Foundation Inc

Employer identification number
58-1692997

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

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

Part II

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

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	5,727,618	6,363,553	7,398,980	7,686,694	10,684,154	37,860,999
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						0
4	Total. Add lines 1 through 3	5,727,618	6,363,553	7,398,980	7,686,694	10,684,154	37,860,999
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)						2,263,605
6	Public support. Subtract line 5 from line 4.						35,597,394

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4.	5,727,618	6,363,553	7,398,980	7,686,694	10,684,154	37,860,999
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	243,505	209,481	204,410	241,963	253,016	1,152,375
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.).	257,333	0	0	0	0	257,333
11	Total support. Add lines 7 through 10						39,270,707
12	Gross receipts from related activities, etc. (see instructions)					12	1,199,237
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐						

Section C. Computation of Public Support Percentage						
14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))					1490.646 %
15	Public support percentage for 2018 Schedule A, Part II, line 14					1585.670 %
16a	33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☒					
b	33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐					
17a	10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐					
b	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐					
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐					

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . .						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV

Supporting Organizations (continued)

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

Section 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? <i>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.</i>		
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? <i>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.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		

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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section 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 instructions):		
a ☐ The organization satisfied the Activities Test. Complete line 2 below.		
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.		
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>		
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? <i>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.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V

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

1		☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

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

Section D - Distributions			Current Year
1			Amounts paid to supported organizations to accomplish exempt purposes
2			Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity
3			Administrative expenses paid to accomplish exempt purposes of supported organizations
4			Amounts paid to acquire exempt-use assets
5			Qualified set-aside amounts (prior IRS approval required)
6			Other distributions (describe in Part VI). See instructions
7			Total annual distributions. Add lines 1 through 6.
8			Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions
9			Distributable amount for 2019 from Section C, line 6
10			Line 8 amount divided by Line 9 amount

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1			Distributable amount for 2019 from Section C, line 6
2			Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.
3			Excess distributions carryover, if any, to 2019:
a			From 2014.
b			From 2015.
c			From 2016.
d			From 2017.
e			From 2018.
f			Total of lines 3a through e
g			Applied to underdistributions of prior years
h			Applied to 2019 distributable amount
i			Carryover from 2014 not applied (see instructions)
j			Remainder. Subtract lines 3g, 3h, and 3i from 3f.
4			Distributions for 2019 from Section D, line 7:
			\$
a			Applied to underdistributions of prior years
b			Applied to 2019 distributable amount
c			Remainder. Subtract lines 4a and 4b from 4.
5			Remaining underdistributions for years prior to 2019, 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 2019. 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 2020. Add lines 3j and 4c.
8			Breakdown of line 7:
a			Excess from 2015.
b			Excess from 2016.
c			Excess from 2017.
d			Excess from 2018.
e			Excess from 2019.

Additional Data

Software ID:
Software Version:
EIN: 58-1692997
Name: Inspire Brands Foundation Inc

Part VI

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

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Inspire Brands Foundation Inc

Employer identification number
58-1692997

Part I

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

Part II

Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ► \$

(ii) Assets included in Form 990, Part X ► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

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

Cat. No. 52283D

Schedule D (Form 990) 2019

Part III

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

3

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

a☒ Public exhibition

b☐ Scholarly research

c☐ Preservation for future generations

d☒ Loan or exchange programs

e☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes☒ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes☐ No

b

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

	Amount
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes☐ No

b

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

☐

Part V

Endowment Funds.

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

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

2

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

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

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

3a

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

	Yes	No
3a(i)		
3a(ii)		
3b		

(i) unrelated organizations

(ii) related organizations

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land			
b	Buildings			
c	Leasehold improvements			
d	Equipment	58,966	43,981	14,985
e	Other			
Total.	Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)			14,985

Part VII

Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII

Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) ▶		

Part IX

Other Assets.

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

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

Part X

Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	0

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

Schedule D (Form 990) 2019

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

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

1	Total revenue, gains, and other support per audited financial statements	1	12,800,637
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	1,188,205
b	Donated services and use of facilities	2b	281,203
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	589,054
e	Add lines 2a through 2d	2e	2,058,462
3	Subtract line 2e from line 1	3	10,742,175
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	61,093
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	61,093
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	10,803,268

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

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

1	Total expenses and losses per audited financial statements	1	11,743,341
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	281,203
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	589,054
e	Add lines 2a through 2d	2e	870,257
3	Subtract line 2e from line 1	3	10,873,084
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	61,093
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	61,093
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	10,934,177

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 58-1692997
Name: Inspire Brands Foundation Inc

Supplemental Information

Return Reference	Explanation
PART III, LINE 1A	COLLECTIONS ACQUIRED THROUGH PURCHASES ARE NOT RECORDED AS ASSETS ON THE STATEMENTS OF FINANCIAL POSITION. PURCHASES OF A COLLECTION ARE RECORDED AS A DECREASE IN UNRESTRICTED NET ASSETS IN THE YEAR IN WHICH THE COLLECTIONS ARE ACQUIRED. CONTRIBUTED COLLECTIONS ARE NOT REFLECTED ON THE FINANCIAL STATEMENTS.

Supplemental Information	
Return Reference	Explanation
PART III, LINE 4	THE FOUNDATION ACQUIRED A HAT THAT IS CONSIDERED A COLLECTIBLE. THE HAT HAS BEEN USED AND WILL CONTINUE TO BE USED AS A PUBLIC AWARENESS INITIATIVE FOR THE ARBY'S FOUNDATION. IT HAS TRAVELED ON A PUBLICITY TOUR INCLUDING A TEMPORARY EXHIBIT AT THE NEWSEUM IN WASHINGTON, D.C. AND THE GRAMMY MUSEUM IN LOS ANGELES. WHEN ON TOUR, THE HAT HELPS TO INCREASE AWARENESS FOR THE FOUNDATION'S MISSION.

Supplemental Information	
Return Reference	Explanation
PART V, LINE 4	THE BOARD OF TRUSTEES VOTED TO CHANGE THE "ENDOWMENT" FUND TO A RESERVE FUND.

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE FOUNDATION IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS BEING EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE "IRC") AS A PUBLICLY SUPPORTED ORGANIZATION. U.S. GAAP REQUIRES AN ASSET AND LIABILITY APPROACH TO FINANCIAL ACCOUNTING AND REPORTING FOR INCOME TAXES. DEFERRED INCOME TAX ASSETS AND LIABILITIES ARE COMPUTED ANNUALLY FOR THE DIFFERENCE BETWEEN THE FINANCIAL STATEMENT AND TAX BASIS OF ASSETS AND LIABILITIES THAT WILL RESULT IN TAXABLE OR DEDUCTIBLE AMOUNTS IN THE FUTURE, BASED ON ENACTED TAX LAWS AND RATES. VALUATION ALLOWANCES ARE ESTABLISHED WHEN NECESSARY TO REDUCE THE DEFERRED INCOME TAX ASSETS TO AN AMOUNT THAT IS MORE LIKELY THAN NOT TO BE REALIZED. THE FOUNDATION IS SUBJECT TO IRC SECTION 511(A) FOR INCOME TAXES ON UNRELATED BUSINESS INCOME. THE FOUNDATION HAS REPORTED ON ITS FORM 990-T, THE RETURN TO REPORT UNRELATED BUSINESS INCOME, APPROXIMATELY \$750,000 OF NET OPERATING LOSS CARRY FORWARDS. THESE NET OPERATING LOSSES MAY BE AVAILABLE TO OFFSET FUTURE UNRELATED 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 WHICH ARE FULLY RESERVED FOR WITH A VALUATION ALLOWANCE. MANAGEMENT DOES NOT BELIEVE IT IS MORE 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 LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY THE TAXING AUTHORITY, BASED ON THE TECHNICAL MERITS OF THE POSITION. AS OF DECEMBER 31, 2019, THERE ARE NO KNOWN ITEMS WHICH RESULT IN RECORDING A LIABILITY RELATED TO UNCERTAIN TAX POSITIONS. TAX YEARS 2016 THROUGH 2019 REMAIN SUBJECT TO EXAMINATION BY MAJOR TAX JURISDICTIONS (U.S. FEDERAL, STATE AND LOCAL AUTHORITIES).

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D	FUNDRAISING EVENT EXPENSES \$(568,067) LOSS ON SALE OF ASSET \$(987) BAD DEBT EXPENSE \$(20,000) ----- TOTAL OTHER ADJUSTMENT \$(589,054) PART XII, LINE 2D FUNDRAISING EVENT EXPENSES \$(568,067) LOSS ON SALE OF ASSET \$(987) BAD DEBT EXPENSE \$(20,000) ----- - TOTAL OTHER ADJUSTMENT \$(589,054)

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Inspire Brands Foundation Inc

Employer identification number
58-1692997

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☐ Mail solicitations

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

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

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

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
- AL, AK, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, SC, TN, UT, VA, WA, WV, WI

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		PARTNER PROGRAM (event type)	(event type)	0 (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	1,828,969			1,828,969
	2 Less: Contributions	1,346,575			1,346,575
	3 Gross income (line 1 minus line 2)	482,394			482,394
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	2,202			2,202
	6 Rent/facility costs	93,238			93,238
	7 Food and beverages	163,167			163,167
	8 Entertainment	93,088			93,088
	9 Other direct expenses	216,372			216,372
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				568,067
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-85,673	

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

11	Does the organization conduct gaming activities with nonmembers?	☐ Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	☐ Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
a	The organization's facility	13a	%
b	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ►		
	Address ►		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	☐ Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$		
c	If "Yes," enter name and address of the third party:		
	Name ►		
	Address ►		
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ► \$		
	Description of services provided ►		
	☐ Director/officer	☐ Employee	☐ Independent contractor
17	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		☐ Yes ☐ No
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$		

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

Return Reference	Explanation
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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization
Inspire Brands Foundation Inc

Employer identification number
58-1692997

Part I General Information on Grants and Assistance

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 184

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

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

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

Return Reference	Explanation
PART I, LINE 2	ALL GRANTEEES ARE REQUIRED AS PART OF THE APPLICATION PROCESS TO INDICATE HOW FUNDS WILL BE ALLOCATED. GRANTEEES WHO RECEIVE \$5,000 OR MORE ARE REQUIRED TO FILE A YEAR-END REPORT DETAILING OF HOW FUNDS WERE USED AND THE IMPACT OF THOSE FUNDS.

Additional Data

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 organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Boys & Girls Clubs of America 1275 Peachtree Street NE Ste 500 Atlanta, GA 30309	13-5562976	501 (c) (3)	2,861,172				Mission Support
Share Our Strength 1030 15th Street NW Washington, DC 20005	52-1367538	501 (c) (3)	1,032,050	121	FMV	FOOD	Mission Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Big Brothers Big Sisters of America 2502 Rocky Point Drive Ste 550 Tampa, FL 33607	23-1365190	501 (c) (3)	250,000				Mission Support
The Posse Foundation Inc 14 Wall Street Ste 8A-60 New York, NY 10005	13-3840394	501 (c) (3)	200,000				Mission Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Youth Improved Incorporated 515 Madison Avenue New York, NY 10022	27-0988546	501 (c) (3)	120,000				Mission Support
C5 Georgia Youth Leadership Foundation 7 Dunwoody Park Ste 103 Atlanta, GA 30338	26-2498817	501 (c) (3)	100,000				Mission Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Cleveland Browns Foundation 76 Lou Groza Blvd Berea, OH 44017	34-1885593	501 (c) (3)	100,000	3,312	FMV	FOOD	Mission Support
United Heroes League 15211 Ravenna Trail Hastings, MN 55033	27-0711063	501 (c) (3)	100,000				Mission Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BBBS of Northwest Florida 1320 Creighton Road Pensacola, FL 32504	59-2996893	501 (c) (3)	75,000				Mission Support
United Way Asheville & Buncombe County 50 South French Broad Avenue Asheville, NC 28801	56-0576157	501 (c) (3)	75,000				Mission Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Indiana FFA Foundation PO Box 9 Trafalgar, IN 46181	35-6056070	501 (c) (3)	63,100				Mission Support
Make A Wish Foundation of Michigan 7600 Grand River Avenue Ste 175 Brighton, MI 48114	38-2505812	501 (c) (3)	62,000				Mission Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Big Brothers Big Sisters of Kentuckiana 1519 Gardiner Lane Ste B Louisville, KY 40218	61-6057856	501 (c) (3)	57,000				Mission Support
Hunger Task Force Inc 201 S Hawley Court Milwaukee, WI 53214	39-1345847	501 (c) (3)	55,800				Mission Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
East Lake Foundation Inc 2606 Alston Drive SE Atlanta, GA 30317	58-2204306	501 (c) (3)	55,000				Mission Support
Kids' Food Basket 1300 Plymouth Avenue NE Grand Rapids, MI 49505	04-3760991	501 (c) (3)	55,000				Mission Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
3DE National LLC 3565 Piedmont Road NE Bldg 1 Ste 46 Atlanta, GA 30305	83-1444494	501 (c) (3)	52,140				Mission Support
Boyer Children's Clinic 1850 Boyer Avenue East Seattle, WA 98112	91-1316838	501 (c) (3)	51,000				Mission Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Atlanta Community Food Bank 3400 North Desert Drive Atlanta, GA 30344	58-1376648	501 (c) (3)	50,000				Mission Support
Communities In Schools Inc 2345 Crystal Drive Ste 700 Arlington, VA 22202	58-1289174	501 (c) (3)	50,000				Mission Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
National Restaurant Association 2055 L Street NW Washington, DC 20036	36-6103388	501 (c) (3)	50,000				Mission Support
Sharing and Caring Hands 525 North 7th Street Minneapolis, MN 55405	36-3412619	501 (c) (3)	49,000				Mission Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Mortgage Miracles for Kids 3002 Dow Avenue Tustin, CA 92780	91-2160616	501 (c) (3)	47,400				Mission Support
Friends of the Children - Portland 44 NE Morris Street Portland, OR 97212	93-1098105	501 (c) (3)	46,300				Mission Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BBBS of Greater Pittsburgh 5989 Center Avenue Ste 1 Pittsburgh, PA 15206	25-6074707	501 (c) (3)	45,000				Mission Support
Catholic Community Services of Utah 2504 F Avenue Ogden, UT 84401	87-0212450	501 (c) (3)	43,600				Mission Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Lifeline Children's Services 100 Missionary Ridge Birmingham, AL 35242	63-0896878	501 (c) (3)	39,900				Mission Support
Boys & Girls Clubs of Tennessee Valley 967 Irwin Street Knoxville, TN 37917	62-0475743	501 (c) (3)	36,000				Mission Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Utah Food Bank 3150 S 900 West Salt Lake City, UT 84119	87-0212453	501 (c) (3)	35,000				Mission Support
Junior Achievement of North Florida 4049 Woodcock Drive Ste 200 Jacksonville, FL 32207	59-1021800	501 (c) (3)	33,600				Mission Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Inter-Faith Food Shuttle 1001 Blair Drive Ste 120 Raleigh, NC 27603	56-1753180	501 (c) (3)	31,200				Mission Support
Atlanta Area Council 1800 Circle 75 Parkway SE Atlanta, GA 30339	58-0566122	501 (c) (3)	30,000				Mission Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Big Brothers Big Sisters of Metro Atlanta 1382 Peachtree Street NE Atlanta, GA 30309	58-0861895	501 (c) (3)	30,000				Mission Support
North Carolina Outward Bound School 2582 Riceville Rd Asheville, NC 28805	56-0857708	501 (c) (3)	30,000				Mission Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
St Mary's Food Bank Alliance 2831 N 31st Avenue Phoenix, AZ 85009	23-7353532	501 (c) (3)	30,000				Mission Support
Lowcountry Food Bank 2864 Azalea Drive Charleston, SC 29405	57-0751835	501 (c) (3)	27,600				Mission Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Agape Youth & Family Center 2210 Marietta Boulevard NW Atlanta, GA 30318	58-2372950	501 (c) (3)	26,600				Mission Support
Habitat For Humanity of Forsyth County 1023 W 14th Street Winston Salem, NC 27105	56-1448955	501 (c) (3)	26,100				Mission Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Boys & Girls Clubs of Middle Tennessee 1704 Charlotte Avenue Ste 200 Nashville, TN 37203	62-0540402	501 (c) (3)	26,000				Mission Support
Atlanta Fulton County Zoo Inc 800 Cherokee Avenue SE Atlanta, GA 30315	58-1655184	501 (c) (3)	25,000				Mission Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Bearings Bike Shop 982 Murphy Avenue SW Atlanta, GA 30310	45-4335893	501 (c) (3)	25,000				Mission Support
Covenant House Georgia PO Box 94465 Atlanta, GA 30377	13-3523561	501 (c) (3)	25,000				Mission Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FoodFinderGA Inc 2642 Rankin Run Duluth, GA 30097	47-2110577	501 (c) (3)	25,000				Mission Support
Georgia Food Bank Association 732 Joseph Lowery Blvd NW Atlanta, GA 30318	58-2374577	501 (c) (3)	25,000				Mission Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Georgia Tech Foundation Inc 760 Spring Street NW Ste 400 Atlanta, GA 30308	58-6043294	501 (c) (3)	25,000				Mission Support
Grove Park Foundation Inc 1566 Donald Lee Hollowell Pkwy NE S Atlanta, GA 30318	82-1913260	501 (c) (3)	25,000				Mission Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Purpose Built Schools Atlanta Inc 1670 Benjamin Weldon Bickers Dr SE Atlanta, GA 30315	81-1114844	501 (c) (3)	25,000				Mission Support
Robert W Woodruff Arts Center Inc 1280 Peachtree St NE Atlanta, GA 30309	58-0633971	501 (c) (3)	25,000				Mission Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Blessings in a Backpack Inc PO Box 950291 Louisville, KY 40295	26-1964620	501 (c) (3)	24,119				Mission Support
BBBS of Berks County PA 303 Windsor Street Reading, PA 19601	23-6463243	501 (c) (3)	23,200				Mission Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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The Soup Kitchen of Greater Wheeling Inc PO Box 546 Wheeling, WV 26003	55-0639285	501 (c) (3)	21,900				Mission Support
Amazing Grace Mission of Sumner County 1 Depot Street Unit 164 Westmoreland, TN 37186	62-1768690	501 (c) (3)	21,500				Mission Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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God's Pantry Food Bank Inc 1685 Jaggie Fox Way Lexington, KY 40511	31-0979404	501 (c) (3)	20,300				Mission Support
Atlanta Charity Clays PO Box 52686 Atlanta, GA 30355	47-2835630	501 (c) (3)	20,000				Mission Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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BestPrep 7100 Northland Circle North Ste 120 Minneapolis, MN 55428	41-1265355	501 (c) (3)	20,000				Mission Support
CrossBridge Inc 335 Murfreesboro Pike Nashville, TN 37210	16-1755991	501 (c) (3)	20,000				Mission Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Feeding South Florida Inc 2501 SW 32 Terrace Pembroke Park, FL 33023	59-2097520	501 (c) (3)	20,000				Mission Support
Muscular Dystrophy Association - Greater 1503 Santa Rosa Road Richmond, VA 23229	13-1665552	501 (c) (3)	20,000				Mission Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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The Stewart Foundation Inc PO Box 54680 Atlanta, GA 30308	20-5918776	501 (c) (3)	20,000				Mission Support
United Way of the Chattahoochee Valley 1100 5th Avenue PO Box 1157 Columbus, GA 31902	58-0572434	501 (c) (3)	20,000				Mission Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Second Harvest Food Bank Central Florida 411 Mercy Drive Orlando, FL 32805	59-2142315	501 (c) (3)	18,600				Mission Support
Make A Wish Foundation of East Tennessee 6700 Baum Drive Ste 7 Knoxville, TN 37919	58-1799549	501 (c) (3)	18,100				Mission Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Big Brothers Big Sisters of Colorado 750 W Hampden Avenue Ste 450 Englewood, CO 80110	23-7161796	501 (c) (3)	18,050				Mission Support
Boys & Girls Clubs of Southern Maryland 9021 Dayton Avenue North Beach, MD 20714	52-2145392	501 (c) (3)	17,500				Mission Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Our Place Art Organization Inc PO Box 5142 Knoxville, TN 37928	90-1003720	501 (c) (3)	17,000				Mission Support
PACK People of Action Caring for Kids 4 Mall Terrace Savannah, GA 31406	81-2615493	501 (c) (3)	16,300				Mission Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Genesee County Habitat for Humanity 101 Burton Street Flint, MI 48503	38-2899387	501 (c) (3)	16,151				Mission Support
I Am a Father 5k 2492 White Oak Drive Decatur, GA 30032	81-1044572	501 (c) (3)	16,000				Mission Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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CHOA Foundation Inc 3395 Northeast Expressway Atlanta, GA 30341	58-1710601	501 (c) (3)	15,000				Mission Support
Concerned Citizens for Our Youth Inc 1200 Beacon Lane Jasper, AL 35504	63-0640563	501 (c) (3)	15,000				Mission Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Downtown Jimmie Hale Mission 3240 2nd Avenue N Birmingham, AL 352020472	63-0358757	501 (c) (3)	15,000				Mission Support
Georgia Center for Non-Profits 100 Peachtree Street NW Ste 1500 Atlanta, GA 30303	58-2554789	501 (c) (3)	15,000				Mission Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Make A Wish Foundation of Georgia Inc 1775 The Exchange SE Ste 200 Atlanta, GA 30339	58-2146828	501 (c) (3)	15,000				Mission Support
Progressive Directions Inc 1249 Paradise Hill Road Clarksville, TN 37040	62-0984796	501 (c) (3)	15,000				Mission Support

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World Leadership Foundation Inc 19 Old Town Square Fort Collins, CO 80524	27-0490843	501 (c) (3)	15,000				Mission Support
Make A Wish Foundation Middle Tennessee 600 Hill Avenue Ste 201 Nashville, TN 37210	62-1833327	501 (c) (3)	14,800				Mission Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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BBBS of the Capital Region Inc 1519 North 3rd Street Ste H Harrisburg, PA 17102	23-2260248	501 (c) (3)	14,400				Mission Support
Boys & Girls Club of Collier County 7500 Davis Blvd Naples, FL 34104	65-0279110	501 (c) (3)	14,000				Mission Support

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Children's Advocacy Center of SW Florida 3830 Evans Avenue Fort Myers, FL 33901	65-0007620	501 (c) (3)	14,000				Mission Support
Family Services of NW PA 5100 Peach Street Erie, PA 16509	25-0987225	501 (c) (3)	14,000				Mission Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Madonna School & Community-Based Services 6402 N 71st Plz Omaha, NE 68104	47-0491332	501 (c) (3)	14,000				Mission Support
Northern Illinois Food Bank 273 Dearborn Court Geneva, IL 60134	36-3203648	501 (c) (3)	13,652				Mission Support

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Cystic Fibrosis Foundation 200 Gateway Park Drive Syracuse, NY 13212	13-1930701	501 (c) (3)	13,400				Mission Support
JA of South Central Pennsylvania 610 South George Street York, PA 17401	23-1598129	501 (c) (3)	13,400				Mission Support

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Big Brothers & Big Sisters Services Inc 1707 Summit Avenue Ste 200 Richmond, VA 23230	54-0702502	501 (c) (3)	12,800				Mission Support
Big Brothers Big Sisters of Central Ohio 1855 East Dublin-Granville Road Columbus, OH 43229	31-4379429	501 (c) (3)	12,500				Mission Support

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Feeding America Tampa Bay Inc 4702 Transport Drive Tampa, FL 33605	59-2116576	501 (c) (3)	12,100				Mission Support
BBBS of San Diego County Inc 4305 University Avenue Ste 300 San Diego, CA 92105	95-2151526	501 (c) (3)	12,000				Mission Support

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BBBS of Eastern Missouri 501 North Grand Boulevard Ste 100 St Louis, MO 63103	43-0669085	501 (c) (3)	11,900				Mission Support
San Antonio Food Bank 5200 Enrique Barrera San Antonio, TX 78227	74-2122979	501 (c) (3)	11,900				Mission Support

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Big Brothers Big Sisters of NW Florida 1320 Creighton Road Pensacola, FL 32504	59-2996893	501 (c) (3)	11,800				Mission Support
BBBS of Greater Fredericksburg 325A Wallace Street Fredericksburg, VA 22401	54-0848850	501 (c) (3)	11,700				Mission Support

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Weekend Survival Kits Inc 319 W Grand River Avenue Williamston, MI 48895	45-4444119	501 (c) (3)	11,700				Mission Support
Common Ground Montgomery Inc PO Box 1866 Montgomery, AL 36102	20-4172444	501 (c) (3)	11,300				Mission Support

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Fifth Ward Saints North 140 Gathering Place Lane Iowa City, IA 52246	82-4371442	501 (c) (3)	11,100				Mission Support
Isaiah 117 Project Inc 372 East 800 South Fort Branch, IN 47648	82-0712213	501 (c) (3)	11,000				Mission Support

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Junior Achievement East Central Florida 1275 South Patrick Drive Satellite Beach, FL 32937	59-2461562	501 (c) (3)	11,000				Mission Support
The Joshua Project PO Box 413 Middleburgh, NY 12122	22-3072537	501 (c) (3)	11,000				Mission Support

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YMCA of Rock River Valley 220 East State Street Rockford, IL 61104	36-2174838	501 (c) (3)	10,800				Mission Support
Boys & Girls Club of Evansville PO Box 6311 Evansville, IN 47719	35-1007558	501 (c) (3)	10,700				Mission Support

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Big Brothers Big Sisters of Fox Valley 3301C North Ballard Road Appleton, WI 54911	39-6103907	501 (c) (3)	10,400				Mission Support
Big Brothers Big Sisters Ventura County 555 Airport Way Ste D Camarillo, CA 93010	20-3425568	501 (c) (3)	10,200				Mission Support

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Mountain Child Advocacy Center 11 Vanderbilt Park Drive Ste A Asheville, NC 28803	58-1828408	501 (c) (3)	10,200				Mission Support
Abide Network Inc 3223 North 45th Street Omaha, NE 68111	47-0655246	501 (c) (3)	10,100				Mission Support

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Atlanta Police Foundation 191 Peachtree Street NE Ste 191 Atlanta, GA 30303	11-3655936	501 (c) (3)	10,000				Mission Support
Autism Speaks Inc 6197 Prairiefire Avenue Columbus, OH 43230	20-2329938	501 (c) (3)	10,000				Mission Support

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BBBS of Northwestern Ohio Four SeaGate Suite 660 Toledo, OH 43604	34-1396251	501 (c) (3)	10,000				Mission Support
Big Brothers Big Sisters of Metropolitan 7700 Second Avenue Ste 602 Detroit, MI 48202	38-6112533	501 (c) (3)	10,000				Mission Support

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Big Brothers Big Sisters of Oklahoma 1401 South Boulder Avenue Ste 300 Tulsa, OK 74119	73-1226237	501 (c) (3)	10,000				Mission Support
Big Brothers Big Sisters of the Tri-State 501 5th Avenue Ste 3 Huntington, WV 25701	55-0559711	501 (c) (3)	10,000				Mission Support

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Big Brothers Big Sisters of Utah 2121 South State Street Suite 201 Salt Lake City, UT 84115	87-0336168	501 (c) (3)	10,000				Mission Support
Boys and Girls Clubs of Maury County 210 W 8th Street Columbia, TN 38401	62-1611131	501 (c) (3)	10,000				Mission Support

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Community Action Region VI PO Box 507 Jamestown, ND 58402	45-0333497	501 (c) (3)	10,000				Mission Support
Cool Kids Committee Inc 1280 Brandl Drive Marietta, GA 30008	81-3711856	501 (c) (3)	10,000				Mission Support

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CURE Childhood Cancer 200 Ashford Center North Atlanta, GA 30338	58-1244138	501 (c) (3)	10,000				Mission Support
Darrell Caldwell 220 Nathan Drive Goodlettsville, TN 37072	46-0755751	501 (c) (3)	10,000				Mission Support

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Focus On Your Future 1696 Harlington Road Smyrna, GA 30082	82-2077844	501 (c) (3)	10,000				Mission Support
Granite Education Foundation 2500 South State Street D-108 Salt Lake City, UT 84115	94-2951639	501 (c) (3)	10,000				Mission Support

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Great Plains Food Bank 1720 3rd Avenue N Fargo, MD 58102	47-2229589	501 (c) (3)	10,000				Mission Support
Hospitality Education Foundation of GA 1579 Monroe Drive Ste 224 Atlanta, GA 30324	58-2340138	501 (c) (3)	10,000				Mission Support

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Junior Achievement of Central Ohio 68 E 2nd Avenue Columbus, OH 43201	31-4385042	501 (c) (3)	10,000				Mission Support
Junior Achievement of Kentuckiana 1401 W Muhammad Ali Blvd Louisville, KY 40203	61-0476694	501 (c) (3)	10,000				Mission Support

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Junior Achievement of Northern Indiana 550 E Wallen Road Fort Wayne, IN 46825	35-0922731	501 (c) (3)	10,000				Mission Support
Junior Achievement of theBluegrass Inc 2420 Spurr Road Ste 150 Lexington, KY 40511	61-0606480	501 (c) (3)	10,000				Mission Support

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Kingdom First 219 Sherborne Drive Columbus, OH 43219	81-4446525	501 (c) (3)	10,000				Mission Support
Lincoln Village Preservation Corporation 1110 Meridian Street Huntsville, AL 35801	20-0379279	501 (c) (3)	10,000				Mission Support

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Meals On Wheels Atlanta Inc 1705 Commerce Drive NW Atlanta, GA 30318	58-0960309	501 (c) (3)	10,000				Mission Support
Tan's Treats Inc 2253 E Crimson Ridge Drive St George, UT 84790	81-2756565	501 (c) (3)	10,000				Mission Support

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The Giving Kitchen Initiative 513 Edgewood Avenue Ste 100 Atlanta, GA 30312	46-2176788	501 (c) (3)	10,000				Mission Support
The Lovett School Inc 4075 Paces Ferry Road NW Atlanta, GA 30327	58-0619038	501 (c) (3)	10,000				Mission Support

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Treasure Coast Youth Football & Cheer 10380 SW Village Center Drive Unit Port St Lucie, FL 34987	46-1740775	501 (c) (3)	10,000				Mission Support
YMCA of Central Ohio 1907 Leonard Avenue Columbus, OH 43215	31-4379594	501 (c) (3)	10,000				Mission Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Zac Mago Foundation Inc 29799 State Road 4 North Liberty, IN 46554	83-3874431	501 (c) (3)	10,000				Mission Support
Cobb County School District 605 Glendale Place Smyrna, GA 30080	58-6000214	501 (c) (3)	9,745	6,112	FMV	GIFT CARDS, BOOKS	Mission Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Serve and Connect PO Box 6840 Columbia, SC 29260	81-1369953	501 (c) (3)	9,700				Mission Support
Big Brothers Big Sisters of Dane County 2059 Atwood Avenue 2 Madison, WI 53704	39-1077783	501 (c) (3)	9,400				Mission Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Junior Achievement of the Eastern Shore 123 Camden Street Ste C Salisbury, MD 21801	52-1461040	501 (c) (3)	9,300				Mission Support
Community Partners for Youth Inc 37 South Washington Street Rochester, NY 14608	16-0997229	501 (c) (3)	9,000				Mission Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Flathead Food Bank Inc 1203 US Highway 2 Ste 2 Kalispell, MT 59901	81-0399818	501 (c) (3)	8,900				Mission Support
United Way of the Midlands 2201 Farnam Street Ste 200 Omaha, NE 68102	47-0376605	501 (c) (3)	8,855				Mission Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Big Brothers Big Sisters of Central VA 2901 Langhorne Road Lynchburg, VA 24501	54-0908680	501 (c) (3)	8,700				Mission Support
Northwood Children's Home Society Inc 741 West College Street Duluth, MN 55811	41-0706108	501 (c) (3)	8,700				Mission Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
United Way of the Wabash Valley Inc 100 S 7th Street Terre Haute, IN 47807	35-1008531	501 (c) (3)	8,500				Mission Support
Burlington Community School District 1429 West Avenue Burlington, IA 52601	42-6037437	501 (c) (3)	8,424				Mission Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Big Brothers Big Sisters of South Alabama 3 South Royal Street Ste 300 Mobile, AL 36602	61-1683905	501 (c) (3)	8,200				Mission Support
Boys & Girls Club of Rochester 1026 E Center Street Rochester, MN 55904	41-1945875	501 (c) (3)	8,011				Mission Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PACE Center for Girls Inc 6745 Phillips Industrial Boulevard Jacksonville, FL 32256	59-2414492	501 (c) (3)	8,000				Mission Support
Generous Life Foundation 650 Houston Hill Road Eads, TN 38038	31-1685087	501 (c) (3)	7,800				Mission Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Souris Vally United Way 1941 4th Street NW Minot, ND 58701	45-0308679	501 (c) (3)	7,600				Mission Support
Hope School Foundation 15 East Hazel Dell Lane Springfield, IL 62712	37-1385176	501 (c) (3)	7,500				Mission Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Lift Your Head with Christian Women's 5025 Spring Creek Drive Guntersville, AL 35976	27-1998549	501 (c) (3)	7,500				Mission Support
School Board of Seminole County FL 1300 W 20th Street Sanford, FL 32771	59-6000855	501 (c) (3)	7,500				Mission Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Connect Church of Alabama 4525 Wyeth Drive Guntersville, AL 35976	63-0860135	501 (c) (3)	7,400				Mission Support
Billings Food Bank 2112 Fourth Avenue North Billings, MT 59103	36-3519470	501 (c) (3)	7,100				Mission Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Cunningham Children's Home 1301 North Cunningham Avenue Urbana, IL 61802	37-0662521	501 (c) (3)	7,073				Mission Support
BBBS of the Inland Northwest 222 West Mission Avenue Ste 40 Spokane, WA 99201	91-6061587	501 (c) (3)	7,000				Mission Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Boys & Girls Clubs of Yellowstone County 505 Orchard Lane Billings, MT 59101	81-0308003	501 (c) (3)	7,000				Mission Support
Golden Opp For You Inc 9660 Pine Ct Union City, GA 30291	81-3208124	501 (c) (3)	7,000				Mission Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Boys & Girls Club of Bowling Green 260 Scott Way Bowling Green, KY 42101	61-0482974	501 (c) (3)	6,900				Mission Support
Habitat For Humanity of Pitt County Inc 210 E 14th Street Ste D Greenville, NC 27858	56-0702710	501 (c) (3)	6,900				Mission Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Greater Chicago Food Depository 4100 W Ann Lurie Place Chicago, IL 60632	36-2971864	501 (c) (3)	6,775				Mission Support
Big Brothers Big Sisters of SW Idaho 7609 Emerald Street Boise, ID 83704	82-0349401	501 (c) (3)	6,600				Mission Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The ROLL Foundation 640 Old Airport Road Aiken, SC 29801	82-2097506	501 (c) (3)	6,500				Mission Support
Big Brothers Big Sisters of Grand Island 424 W 3rd Street Grand Island, NE 68801	47-0601669	501 (c) (3)	6,400				Mission Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Butte Emergency Food Bank 1019 E Second Butte, MT 59701	81-0469563	501 (c) (3)	6,300				Mission Support
Community Foundation of Dunn County 500 Main Street Menomonie, WI 54751	39-1819945	501 (c) (3)	6,300				Mission Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Baylor University One Bear Place Waco, TX 76798	74-1159753	501 (c) (3)	6,100				Mission Support
At The Core 4903 E Peone Pines Drive Mead, WA 99021	46-2937061	501 (c) (3)	6,000				Mission Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Big Brothers Big Sisters of Siouxland 3650 Glen Oaks Blvd Sioux City, IA 51104	42-1121154	501 (c) (3)	6,000				Mission Support
Habitat for Humanity in Atlanta Inc 824 Memorial Drive SE Atlanta, GA 30316	58-1535414	501 (c) (3)	6,000	140	FMV	FOOD	Mission Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Second Harvest Inland Northwest 1234 East Front Avenue Spokane, WA 99202	23-7173826	501 (c) (3)	6,000				Mission Support
Smyrna-La Vergne Food Bank 1809 Memorial Blvd Murfreesboro, TN 37129	58-1565567	501 (c) (3)	6,000				Mission Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Western Wellness Foundation Inc 135 W Villard Street Dickinson, ND 58601	45-0442812	501 (c) (3)	6,000				Mission Support
Food Bank of the Rockies 10700 E 45th Avenue Denver, CO 80239	84-0772672	501 (c) (3)	5,900				Mission Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Food Bank of Siouxland Inc 1313 11th Street Sioux City, IA 51105	42-1381516	501 (c) (3)	5,800				Mission Support
Big Brothers Big Sisters of Central Iowa 9051 Swanson Blvd Clive, IA 50325	42-1184999	501 (c) (3)	5,500				Mission Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Boomerang Backpacks Inc 4616 E Dupont Road Ste C Fort Wayne, IN 46825	80-0570852	501 (c) (3)	5,500				Mission Support
Corporate Volunteer Council of Atlanta 600 Means Street NW Suite 100 Atlanta, GA 30318	58-2054790	501 (c) (3)	5,500				Mission Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Cami Jo Cares 2451 Barnes Crossing Road Saltillo, MS 38866	82-1643347	501 (c) (3)	5,400				Mission Support
Big Brothers Big Sisters Lincoln 6201 Havelock Avenue Lincoln, NE 68507	47-0794732	501 (c) (3)	5,300				Mission Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Food Bank of Northwest Indiana Inc 6490 Broadway Merrillville, IN 46410	35-1528285	501 (c) (3)	5,201				Mission Support
Junior Achievement of Central Iowa 6100 Grand Avenue Des Moines, IA 50312	42-0759070	501 (c) (3)	5,200				Mission Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Big Brothers Big Sisters of Miami Valley 22 S Jefferson Street Dayton, OH 45402	31-0641306	501 (c) (3)	5,070				Mission Support
Habitat For Humanity Detroit 14325 Jane Street Detroit, MI 48219	38-2708025	501 (c) (3)	5,045				Mission Support

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
Department of the Treasury Internal Revenue Service	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
Name of the organization Inspire Brands Foundation Inc		Employer identification number 58-1692997

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
☐ Travel for companions	☐ Payments for business use of personal residence		
☐ Tax 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 on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on 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		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a Receive a severance payment or change-of-control payment?		4a	No
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?		5a	Yes
b Any related organization?		5b	No
If "Yes," on line 5a or 5b, describe in Part III.			
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a The organization?		6a	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	Yes
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

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.

[illegible]

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.

Return Reference	Explanation
PART I, LINE 5A	THE CALCULATION OF EMPLOYEE BONUSES IS 60% CONTINGENT ON THE REVENUES OF THE ORGANIZATION AND SUBJECT TO A TOTAL COMPENSATION CAP. PART I, LINE 7 ALL STAFF-LEVEL EMPLOYEES PARTICIPATE IN BONUSES.

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As Filed Data -

DLN: 93493318035620

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.
►Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Inspire Brands Foundation Inc

Employer identification number
58-1692997

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		14,467	FMV
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ► (FOOD & BEVERAGE)	X	2	6,451	FMV
26	Other ► (PRINTED MATERIALS)	X	0	100,000	FMV
27	Other ► ()				
28	Other ► ()				
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement				29
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?				Yes No
b	If "Yes," describe the arrangement in Part II.				
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?				Yes No
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?				Yes No
b	If "Yes," describe in Part II.				
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.				

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

Return Reference	Explanation
PART I, LINE 25	THE ORGANIZATION RECEIVED A DONATION OF VARIOUS PRINTED MATERIALS. DUE TO THE LARGE QUANTITY RECEIVED, WE ARE UNABLE TO COUNT THE EXACT NUMBER OF MATERIALS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization
Inspire Brands Foundation Inc**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019**Open to Public
Inspection****Employer identification number**

58-1692997

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, SECTION A, LINE 1A	THE EXECUTIVE COMMITTEE SHALL HAVE AND EXERCISE THE AUTHORITY OF THE BOARD OF TRUSTEES, IN THE MANAGEMENT OF THE AFFAIRS OF THE CORPORATION, BUT THE DESIGNATION OF SUCH EXECUTIVE COMMITTEE AND THE DELEGATION THERETO OF AUTHORITY SHALL NOT OPERATE TO RELIEVE THE BOARD OF TRUSTEES, OR ANY INDIVIDUAL TRUSTEE, OF ANY RESPONSIBILITY IMPOSED UPON IT OR HIM OR HER BY LAW.

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, SECTION A, LINE 2	THE FOLLOWING BOARD MEMBERS AND OFFICERS HAVE A BUSINESS RELATIONSHIP: CHRIS FULLER, DANTO N NOLAN, CHRIS HELD, JIM TAYLOR, LYLE TICK, AND ROB LYNCH. PART VI, SECTION A, LINE 4 SIGNIFICANT CHANGES WERE MADE, AS FOLLOWS, TO THE ORGANIZING DOCUMENTS OF INSPIRE BRANDS FOUNDATION, INC. IN NOVEMBER OF 2019: 1. ESTABLISH AN EXECUTIVE COMMITTEE, AS OUTLINED IN THE BYLAWS, THAT CONSISTS OF ALL BOARD OF TRUSTEES OFFICERS AND A NON-EMPLOYEE REPRESENTATIVE. 2. AMEND THE BYLAWS TO STATE THAT THE FINANCE AND INVESTMENT COMMITTEE SHALL CONSIST OF AT LEAST THREE MEMBERS, INCLUDING THE TREASURER AND OTHER TRUSTEES, DIRECTORS OR OTHER SUCH PERSON AS THE CHAIR MAY SELECT. 3. ESTABLISH THE SONIC FOUNDATION OPERATING DIVISION TO SUPPORT THE PHILANTHROPIC EFFORTS OF THE SONIC BRAND. 4. ESTABLISH THE JIMMY JOHN'S FOUNDATION OPERATING DIVISION TO SUPPORT THE PHILANTHROPIC EFFORTS OF THE JIMMY JOHN'S BRAND. 5. ESTABLISH THE ARBY'S FOUNDATION BOARD OF DIRECTORS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, SECTION A, LINE 7A	THE BYLAWS STIPULATE THAT THE CEO OF INSPIRE BRANDS, INC. (INSPIRE) (OR HIS OR HER DESIGNEE) SHALL BE THE CHAIR OF THIS ORGANIZATION. 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 DIRECTORS; 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 DIRECTORS. 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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, SECTION B, LINE 11	THE FORM 990 IS REVIEWED BY EXECUTIVE DIRECTOR, DIRECTOR OF OPERATIONS AND SENIOR MANAGER OF FINANCE. THE BOARD OF TRUSTEE MEMBERS ARE SENT THE AUDIT AND FORM 990 ONE WEEK PRIOR TO FILING, FOR THEIR REVIEW. UPON ADDRESSING ANY FEEDBACK, THE AUDIT AND 990 ARE FILED.

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, SECTION B, LINE 15A & 15B	THE FOUNDATION BOARD OF TRUSTEES INDEPENDENTLY ESTABLISHED AND DOCUMENTED THE FAIR MARKET VALUE OF COMPENSATION FOR THE EXECUTIVE DIRECTOR, OFFICERS, AND KEY EMPLOYEES THROUGH THE USE OF A THIRD PARTY REPORT ON FOUNDATION COMPENSATION TO DETERMINE THE APPROPRIATE COMPARATIVE COMPENSATION FOR THE POSITIONS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, SECTION C, LINE 19	THE FORM 990 AND AUDITED FINANCIAL STATEMENTS CAN BE FOUND ON OUR WEBSITE. THE ORGANIZATION WILL CONSIDER REQUESTS TO PROVIDE ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY UPON REQUEST.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Inspire Brands Foundation Inc

Employer identification number
58-1692997

Part I

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

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

Part II

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

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) INSPIRE BRANDS INC THREE GLENLAKE PARKWAY ATLANTA, GA 30338 13-3760393	RESTAURANT	DE	NA	C-CORP	0	0			No

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.

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

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

No

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

Yes

1l

No

1m

Yes

1n

Yes

1o

No

1p

No

1q

No

1r

Yes

1s

Yes

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Schedule R (Form 990) 2019

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.

[illegible]

Part VII

Supplemental Information

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

Return Reference	Explanation