

For calendar year 2020, or tax year beginning 01-01-2020, and ending 12-31-2020

Name of foundation MOSS FOUNDATION INC		A Employer identification number 46-4802331	
Number and street (or P.O. box number if mail is not delivered to street address) 2101 N ANDREWS AVE		Room/suite	B Telephone number (see instructions) (954) 712-5969
City or town, state or province, country, and ZIP or foreign postal code WILTON MANORS, FL 33311		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change		D 1. Foreign organizations, check here..... <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ... <input type="checkbox"/>	
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ►\$ 182,450		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)			

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	1,543,000			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities				
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a _____				
	7 Capital gain net income (from Part IV, line 2)				
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances _____				
Operating and Administrative Expenses	b Less: Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)	310,560		310,560	
	12 Total. Add lines 1 through 11	1,853,560	0	310,560	
	13 Compensation of officers, directors, trustees, etc.				
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	9,726		9,726	
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	611		611	
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	104,626		104,626	
	24 Total operating and administrative expenses. Add lines 13 through 23	114,963	0	114,963	0
	25 Contributions, gifts, grants paid	782,704			1,756,000
	26 Total expenses and disbursements. Add lines 24 and 25	897,667	0	114,963	1,756,000
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	955,893			
	b Net investment income (if negative, enter -0-)		0		
				195,597	

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		
		Beginning of year (a) Book Value	End of year (b) Book Value (c) Fair Market Value	
Assets	1 Cash—non-interest-bearing	281,574	168,643	168,643
	2 Savings and temporary cash investments			
	3 Accounts receivable ▶ <u>13,807</u>			
	Less: allowance for doubtful accounts ▶ _____	23,229	13,807	13,807
	4 Pledges receivable ▶ _____			
	Less: allowance for doubtful accounts ▶ _____			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ _____			
	Less: allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U.S. and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)			
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment: basis ▶ _____			
Less: accumulated depreciation (attach schedule) ▶ _____				
12 Investments—mortgage loans				
13 Investments—other (attach schedule)				
14 Land, buildings, and equipment: basis ▶ _____				
Less: accumulated depreciation (attach schedule) ▶ _____				
15 Other assets (describe ▶ _____)				
16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	304,803	182,450	182,450	
Liabilities	17 Accounts payable and accrued expenses	71,442	18,858	
	18 Grants payable	2,010,883	985,221	
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ _____)			
	23 Total liabilities (add lines 17 through 22)	2,082,325	1,004,079	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here ▶ <input checked="" type="checkbox"/> and complete lines 24, 25, 29 and 30.			
	24 Net assets without donor restrictions	-1,777,522	-821,629	
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here ▶ <input type="checkbox"/> and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds			
	29 Total net assets or fund balances (see instructions)	-1,777,522	-821,629	
	30 Total liabilities and net assets/fund balances (see instructions) .	304,803	182,450	

Part III Analysis of Changes in Net Assets or Fund Balances		
1 Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	-1,777,522
2 Enter amount from Part I, line 27a	2	955,893
3 Other increases not included in line 2 (itemize) ▶ _____	3	
4 Add lines 1, 2, and 3	4	-821,629
5 Decreases not included in line 2 (itemize) ▶ _____	5	
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	6	-821,629

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss) $\left\{ \begin{array}{l} \text{If gain, also enter in Part I, line 7} \\ \text{If (loss), enter -0- in Part I, line 7} \end{array} \right\}$	2	
	3	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8		

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**SECTION 4940(e) REPEALED ON DECEMBER 20, 2019 - DO NOT COMPLETE**

1 Reserved			
(a) Reserved	(b) Reserved	(c) Reserved	(d) Reserved
2 Reserved			2
3 Reserved.			3
4 Reserved			4
5 Reserved			5
6 Reserved			6
7 Reserved			7
8 Reserved ,			8

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)		
b	Reserved.	1	0
c	All other domestic foundations enter 1.39% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	
3	Add lines 1 and 2.	3	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-.	5	
6	Credits/Payments:		
a	2020 estimated tax payments and 2019 overpayment credited to 2020	6a	
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d.	7	
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached.	8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed .	9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid .	10	
11	Enter the amount of line 10 to be: Credited to 2021 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11	

Part VII-A Statements Regarding Activities

		Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i>	1b	No
c	Did the foundation file Form 1120-POL for this year?	1c	No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <input type="checkbox"/> \$ _____ (2) On foundation managers. <input type="checkbox"/> \$ _____		
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input type="checkbox"/> \$ _____		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>	2	No
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>	3	No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>	5	No
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes
7	Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i>	7	Yes
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> FL _____		
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation.</i>	8b	Yes
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2020 or the taxable year beginning in 2020? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i>	9	Yes
10	Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>	10	Yes

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions.	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>MOSSCM.COM/ABOUT-MOSS/MOSS-FOUNDATIONS</u>	13	Yes	
14	The books are in care of ► <u>JOANNA CLARKSON</u> Telephone no. ► <u>(954) 712-5969</u>			

Located at ► 2101 NORTH ANDREWS AVENUE WILTON MANORS FL ZIP+4 ► 33311

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here ► <input type="checkbox"/>			
	and enter the amount of tax-exempt interest received or accrued during the year ► 15			
16	At any time during calendar year 2020, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ►			

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

1a	During the year did the foundation (either directly or indirectly):		Yes	No
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions <input type="checkbox"/>	1b		
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2020?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
a	At the end of tax year 2020, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2020? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ► 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions.)	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ► 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 2020 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2020.)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2020?	4b		No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

		Yes	No
5a	During the year did the foundation pay or incur any amount to:		
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions.	5b	
	Organizations relying on a current notice regarding disaster assistance check here.	<input type="checkbox"/>	
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945–5(d).	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.	6b	No
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b	If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction?	7b	
8	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation. See instructions

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Additional Data Table				

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000. ▶

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services.		

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1 THE FOUNDATION CONDUCTS AN ANNUAL GOLF TOURNAMENT ATTENDED BY OVER 144 INDIVIDUALS AND SUPPORTED BY OVER 36 ORGANIZATIONS.	104,626
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities.	1a	0
b	Average of monthly cash balances.	1b	198,739
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	198,739
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	
2	Acquisition indebtedness applicable to line 1 assets.	2	
3	Subtract line 2 from line 1d.	3	198,739
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	2,981
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	195,758
6	Minimum investment return. Enter 5% of line 5.	6	9,788

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☒ and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	
2a	Tax on investment income for 2020 from Part VI, line 5.	2a	
b	Income tax for 2020. (This does not include the tax from Part VI.).	2b	
c	Add lines 2a and 2b.	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	1,756,000
b	Program-related investments—total from Part IX-B.	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	1,756,000
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions.	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	1,756,000

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2019	(c) 2019	(d) 2020
1 Distributable amount for 2020 from Part XI, line 7				
2 Undistributed income, if any, as of the end of the 2020:				
a Enter amount for 2019 only.				
b Total for prior years: 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2020:				
a From 2015. 56,000				
b From 2016. 134,000				
c From 2017. 4,980,197				
d From 2018. 1,635,500				
e From 2019. 1,355,000				
f Total of lines 3a through e.	8,160,697			
4 Qualifying distributions for 2020 from Part XII, line 4: ► \$ 1,756,000				
a Applied to 2019, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions).				
c Treated as distributions out of corpus (Election required—see instructions).				
d Applied to 2020 distributable amount.				
e Remaining amount distributed out of corpus	1,756,000			
5 Excess distributions carryover applied to 2020. (If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	9,916,697			
b Prior years' undistributed income. Subtract line 4b from line 2b.				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.				
d Subtract line 6c from line 6b. Taxable amount—see instructions.				
e Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount—see instructions.				
f Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020.				
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).				
8 Excess distributions carryover from 2015 not applied on line 5 or line 7 (see instructions).	56,000			
9 Excess distributions carryover to 2021. Subtract lines 7 and 8 from line 6a.	9,860,697			
10 Analysis of line 9:				
a Excess from 2016. 134,000				
b Excess from 2017. 4,980,197				
c Excess from 2018. 1,635,500				
d Excess from 2019. 1,355,000				
e Excess from 2020. 1,756,000				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2020, enter the date of the ruling. ▶

b Check box to indicate whether the organization is a private operating foundation described in section ☒ 4942(j)(3) or ☐ 4942(j)(5)

2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

Tax year	Prior 3 years			(e) Total	
(a) 2020	(b) 2019	(c) 2018	(d) 2017		
85% of line 2a	9,788	10,882	6,463	29,056	56,189
b 85% of line 2a	8,320	9,250	5,494	24,698	47,762
c Qualifying distributions from Part XII, line 4 for each year listed	1,756,000	1,355,000	1,635,500	4,980,197	9,726,697
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c	1,756,000	1,355,000	1,635,500	4,980,197	9,726,697

3 Complete 3a, b, or c for the alternative test relied upon:

a "Assets" alternative test—enter:

(1) Value of all assets 182,450 304,803 261,123 334,579 1,082,955

(2) Value of assets qualifying under section 4942(j)(3)(B)(i) 182,450 304,803 261,123 334,579 1,082,955

b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.

c "Support" alternative test—enter:

(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)

(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).

(3) Largest amount of support from an exempt organization

(4) Gross investment income

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:

MICHELLE DANIELS
2101 N ANDREWS AVENUE
WILTON MANORS, FL 33311
MDANIELS@MOSSCM.COM

b The form in which applications should be submitted and information and materials they should include:

THERE IS NO FORMAL APPLICATION OR REQUIRED FORMAT.

c Any submission deadlines:

THERE ARE NO SUBMISSION DEADLINES.

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

REQUEST MUST BE MADE BY IRC 501 (C)(3) ORGANIZATIONS.

Part XV **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total			3a	1,756,000
b <i>Approved for future payment</i>				
Total			3b	

Enter gross amounts unless otherwise indicated.

	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) (See instructions.)
1 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f _____					
g Fees and contracts from government agencies					
2 Membership dues and assessments. . . .					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities. . . .					
5 Net rental income or (loss) from real estate:					
a Debt-financed property.					
b Not debt-financed property.					
6 Net rental income or (loss) from personal property					
7 Other investment income.					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events:					205,934
10 Gross profit or (loss) from sales of inventory					
11 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
12 Subtotal. Add columns (b), (d), and (e). .					205,934
13 Total. Add line 12, columns (b), (d), and (e).					205,934

[illegible]

Part XVII

		Yes	No
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--	--	--

1a(1)		No
1a(2)		No

--	--	--

1b(1)	No
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1b(2)		No
--------------	--	-----------

1b(3)		No
--------------	--	-----------

1b(4)		No
--------------	--	-----------

1b(5)	No
--------------	-----------

1b(6)		No
--------------	--	-----------

1c		No
----	--	----

value
ue

[illegible]

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations

described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship

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 taxpayer) is based on all information of which preparer has any knowledge.

<div style="border-bottom: 1px solid black; height: 40px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 40px;"></div>	<div style="border-bottom: 1px solid black; height: 40px; margin-bottom: 5px; text-align: center;">2021-10-08</div> <div style="border-bottom: 1px solid black; height: 40px;"></div>	<div style="border-bottom: 1px solid black; height: 40px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 40px;"></div>
Signature of officer or trustee	Date	Title

May the IRS discuss this return with the preparer shown below
 (see instr.) ☒ **Yes** ☐ **No**

2021-10-08

May the IRS discuss this return with the preparer shown below

(see instr.) ☒ Yes ☐ No

**Paid
Preparer
Use Only**

Paid Preparer Use Only	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input checked="checked" type="checkbox"/>	PTIN
	MAUREEN S FENGLER		2021-10-12		P01270054
	Firm's name ▶ SULLIVAN & FENGLER				Firm's EIN ▶ 65-0002115
	Firm's address ▶ 3031 NE 22ND ST FORT LAUDERDALE, FL 33305				Phone no. (954) 561-2826

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation				
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
CHAD MOSS	PRESIDENT 2.00	0	0	0
2101 N ANDREWS AVE WILTON MANORS, FL 33311				
ALBERTO P MIRANDA	VICE PRESIDE 2.00	0	0	0
800 BRICKELL AVE STE 1500 MIAMI, FL 33131				
JOANNA CLARKSON	TREASURER 2.00	0	0	0
2101 NORTH ANDREWS AVENUE WILTON MANORS, FL 33311				
MICHELLE DANELS	SECRETARY 2.00	0	0	0
2101 NORTH ANDREWS AVENUE WILTON MANORS, FL 33311				
SCOTT MOSS	DIRECTOR 2.00	0	0	0
2101 N ANDREWS AVENUE WILTON MANORS, FL 33311				
DAVID GREER	DIRECTOR 2.00	0	0	0
2101 N ANDREWS AVENURE WILTON MANORS, FL 33311				
SASHA SECO	DIRECTOR 2.00	0	0	0
2101 N ANDREWS AVENUE WILTON MANORS, FL 33311				
KATHERINE MOSS	DIRECTOR 2.00	0	0	0
2101 N ANDREWS AVENUE WILTON MANORS, FL 33311				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HANDY INC501 NE 8TH STREET FT LAUDERDALE, FL 33304		PC	ASSISTANCE WITH AT RISK YOUTHS	158,000
JACK JILL CHILDREN'S CENTER 1315 W BROWARD BLVD FT LAUDERDALE, FL 33312		PC	BREAK THE CYCLE OF POVERTY	10,000
SOS CHILDRENS VILLAGE FLORIDA INC 3681 NW 59TH PLACE COCONUT CREEK, FL 33073		PC	LARGEST FOSTER CARE PROVIDER BROWARD	20,000
Total ▶ 3a				1,756,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
WOUNDED WARRIOR OUTDOOR INC 1041 CROWN PARK CIRCLE WINTER GARDEN, FL 34787		PC	THERAPUTIC OUTDOOR ADVENTURES	10,000
PLACE OF HOPE21441 BOCA RIO RD BOCA RATON, FL 33433		PC	FAMILY STYLE FOSTER CARE	20,000
SOUTHEASTERN GUIDE DOGS INC 4210 77TH STREET EAST PALMETTO, FL 34221		PC	CANINE SUPPORT SERV MILITARY	5,000
Total ▶ 3a				1,756,000


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BROWARD PUBLIC LIBRARY FOUNDATION 100 S ANDREWS AVENUE FT LAUDERDALE, FL 33301		PC	NIGHT OF LITERACY AUTHORS CIRCLE	1,000
4KIDS OF SOUTH FL INC 2717 W CYPRESS CREEK RD FT LAUDERDALE, FL 33309		PC	REDEFINE FUTURE EVENT	5,000
FIU FOUNDATION 11200 SW 8TH STREET MIAMI, FL 33199		PC	COMMITTMENT	1,000,000
Total ▶ 3a				1,756,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
REYNA GROUP HOMES FOUNDATION INC 3551 NW 97TH STREET MIAMI, FL 33147		PC	IND WITH NEEDS BECOMING INDEPENDENT	5,000
CHILDREN'S LITERACY INIATIVE 990 SPRING GARDEN STREET PHILADELPHIA, PA 19123		PC	CHILDRENS LITERACY	1,000
TEXO FOUNDATION 11101 STEMMONS FREEWAY DALLAS, TX 75229		PC	WOMEN IN CONSTRUCTION SCHOLARSHIP	5,000
Total ▶ 3a				1,756,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HAWAII FOOD BANK 2611 KILLHAU STREET HONOLULU, HI 96819		PC	FEED 3000 IN RURAL COMMUNITIES	25,000
MARINE EDUCATION INSTITUTE INC 9619 NEVADA PLACE BOCA RATON, FL 33434		PC	RESPONSIBLE ANGLING EDUCATION	15,000
AMIKKIDS GREATER FT LAUDERDALE 3220 SW 4TH AVENUE FT LAUDERDALE, FL 33315		PC	HELPING KIDS DISCOVER THEIR POTENTI	30,000
Total ▶ 3a				1,756,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
GULF STREAM COUNCIL BOY SCOUTS 8335 N MILITARY TRAIL PALM BEACH GARDENS, FL 33410		PC	SPONSORSHIP	10,000
NOVA SOUTHEASTERN UNIVERSITY PO BOX 2217 FT LAUDERDALE, FL 33303		PC	SHARK RACE SPONSOR	15,000
STUDENT ACES INC 7750 ARBOR CREST WAY PALM BEACH GARDENS, FL 33412		PC	ACES SOLAR EDUCATION PROGRAM	35,000
Total ▶ 3a				1,756,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ARC BROWARD INC 10250 NW 53 STREET SUNRISE, FL 33351		PC	OPPORTUNITIES FOR THOSE WITH DISABLI	360,000
FIU FOUNDATION INC 11200 SW 80 STREET MIAMI, FL 33199		PC	STEEL BRIDGE CONTEST	1,000
EDUCATION FOUNDATION OF PALM BEACH 505 SOUTH CONGRESS AVE BOYNTON BEACH, FL 33426		PC	ASSIST AT RISK CHILDREN	20,000
Total ▶ 3a				1,756,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
NICKLAUS CHILDREN'S HOSPITAL FOUNDA 3100 SW 62 AVENUE MIAMI, FL 33155		PC	CARE FOR CHILDREN	5,000
Total  3a				1,756,000

TY 2020 Accounting Fees Schedule**Name:** MOSS FOUNDATION INC**EIN:** 46-4802331

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	9,726		9,726	

TY 2020 Other Expenses Schedule**Name:** MOSS FOUNDATION INC**EIN:** 46-4802331**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
GOLF EVENT				
GOLF EVENT	23,812		23,812	
RAFFLE ITEMS FOR GOLF TOURNAM	16,680		16,680	
FOOD FOR GOLF TOURNAMENT	9,831		9,831	
GOODIE BAG	30,171		30,171	
GOLF COURSE	24,132		24,132	

TY 2020 Other Income Schedule

Name: MOSS FOUNDATION INC

EIN: 46-4802331

Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
GOLF EVENT	310,560		310,560

TY 2020 Taxes Schedule

Name: MOSS FOUNDATION INC
EIN: 46-4802331

Taxes Schedule

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LICENSE AND FEES	611		611	

Schedule B (Form 990, 990-EZ, or 990-PF) <small>Department of the Treasury Internal Revenue Service</small>	Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF. ▶ Go to www.irs.gov/Form990 for the latest information.	OMB No. 1545-0047 2020
	Name of the organization MOSS FOUNDATION INC	Employer identification number 46-4802331

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)() (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization
MOSS FOUNDATION INC

Employer identification number

46-4802331

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—	See Additional Data Table _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)

Name of organization MOSS FOUNDATION INC	Employer identification number 46-4802331
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Part II Noncash Property			
(a) No. from Part I	(b) Description of noncash property given <small>(see instructions). Use duplicate copies of Part II if additional space is needed.</small>	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	

46-4802331

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Additional Data

Software ID:
Software Version:
EIN: 46-4802331
Name: MOSS FOUNDATION INC

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	MOSS AND ASSOCIATES LLC	\$ 1,470,000	Person <input checked="" type="checkbox"/>
	2101 N ANDREWS AVE		Payroll <input type="checkbox"/>
	WILTON MANORS, FL 33311		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>7</u>	APG ELECTRIC	\$ 6,250	Person <input checked="" type="checkbox"/>
	4825 140TH AVENUE STE K		Payroll <input type="checkbox"/>
	CLEARWATER, FL 33762		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>13</u>	READY WINDOW	\$ 6,250	Person <input checked="" type="checkbox"/>
	4851 NW 36TH AVENUE		Payroll <input type="checkbox"/>
	MIAMI, FL 33142		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>19</u>	ROBERT C MOSS	\$ 5,000	Person <input checked="" type="checkbox"/>
	2101 N ANDREWS AVENUE		Payroll <input type="checkbox"/>
	FT LAUDERDALE, FL 33311		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>25</u>	BAKER CONCRETE CONSTRUCTION	\$ 6,500	Person <input checked="" type="checkbox"/>
	900 NORTH GARVER ROAD		Payroll <input type="checkbox"/>
	MONROE, OH 45050		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>31</u>	CONSTRUCTION RISK PARTNERS	\$ 15,000	Person <input checked="" type="checkbox"/>
	1250 ROUTE 28 SUITE 201		Payroll <input type="checkbox"/>
	BRANCHBURG, NJ 08876		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>2</u>	LOTSPEICH CO OF FL	\$ 35,000	Person <input checked="" type="checkbox"/>
	6351 NW 28TH WAY		Payroll <input type="checkbox"/>
	FORT LAUDERDALE, FL 33309		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>8</u>	COMPUTER METHODS INT'L CORP	\$ 6,240	Person <input checked="" type="checkbox"/>
	4850 KEELE STREET		Payroll <input type="checkbox"/>
	TORONTO, ONTARIOM3JK1 CA		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>14</u>	HILL YORK SERVICE COMPANY LLC	\$ 6,250	Person <input checked="" type="checkbox"/>
	2125 S ANDREWS AVENUE		Payroll <input type="checkbox"/>
	FT LAUDERDALE, FL 33316		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>20</u>	TECTON CONSTRUCTION CORP	\$ 6,750	Person <input checked="" type="checkbox"/>
	9495 SW 72 STREET SUITE B-180		Payroll <input type="checkbox"/>
	MIAMI, FL 33173		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>26</u>	BB CONTRACTING INC	\$ 7,500	Person <input checked="" type="checkbox"/>
	1541 NW 24TH AVENUE		Payroll <input type="checkbox"/>
	POMPANO BEACH, FL 33069		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>3</u>	C DAVIS ELECTRIC	\$ 16,500	Person <input checked="" type="checkbox"/>
	1701 SW 100 TERRACE		Payroll <input type="checkbox"/>
	MIRAMAR, FL 33025		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>9</u>	AMERICAN ENGINEERING	\$ 6,250	Person <input checked="" type="checkbox"/>
	11765 W OKEECHOBEE RD		Payroll <input type="checkbox"/>
	HIALEAH, FL 33018		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>15</u>	RIGHT WAY PLUMBING COMPANY	\$ 6,250	Person <input checked="" type="checkbox"/>
	1329 SHOTGUN ROAD		Payroll <input type="checkbox"/>
	SUNRISE, FL 33326		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>21</u>	BOSTIC STEEL INC	\$ 6,250	Person <input checked="" type="checkbox"/>
	7740 NW 34 STREET		Payroll <input type="checkbox"/>
	MIAMI, FL 33122		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>27</u>	COASTAL MASONRY INC	\$ 7,500	Person <input checked="" type="checkbox"/>
	1909 NW 16 STREET		Payroll <input type="checkbox"/>
	POMPANO BEACH, FL 33069		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>4</u>	POWER DESIGN	\$ 20,000	Person <input checked="" type="checkbox"/>
	11600 NINTH STREET NORTH		Payroll <input type="checkbox"/>
	ST PETERSBURG, FL 33716		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>10</u>	TROPIC MECHANICAL CONTRACTORS	\$ 6,250	Person <input checked="" type="checkbox"/>
	2176 NW 82ND AVE		Payroll <input type="checkbox"/>
	DORAL, FL 33122		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>16</u>	YT PLUMBING CORP	\$ 6,250	Person <input checked="" type="checkbox"/>
	13170 SW 134 STREET		Payroll <input type="checkbox"/>
	MIAMI, FL 33186		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>22</u>	SOVEREIGN CONSTRUCTION SERVICE	\$ 6,250	Person <input checked="" type="checkbox"/>
	3900 NE 5TH AVENUE		Payroll <input type="checkbox"/>
	OAKLAND PARK, FL 33334		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>28</u>	PERSONNEL RESPONSE TEAM	\$ 7,750	Person <input checked="" type="checkbox"/>
	30846 HIGHWAY 19		Payroll <input type="checkbox"/>
	N PALM HARBOR, FL 34684		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>5</u>	FLORIDA PANTHERS FOUNDATION	\$ 68,000	Person <input checked="" type="checkbox"/>
	1 PANTHER PARKWAY		Payroll <input type="checkbox"/>
	SUNRISE, FL 33323		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>11</u>	STEEL FABRICATORS	\$ 6,250	Person <input checked="" type="checkbox"/>
	721 NE 44 STREET		Payroll <input type="checkbox"/>
	OAKLAND PARK, FL 33334		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>17</u>	THRIVE NETWORKS	\$ 6,250	Person <input checked="" type="checkbox"/>
	836 NORTH STREET 3201		Payroll <input type="checkbox"/>
	TEWKSBURY, MA 01876		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>23</u>	JGR CONSTRUCTION INC	\$ 6,250	Person <input checked="" type="checkbox"/>
	11379 NW 122ND STREET		Payroll <input type="checkbox"/>
	MEDLEY, FL 33178		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>29</u>	PA ROOFING AND STEEL METAL	\$ 9,500	Person <input checked="" type="checkbox"/>
	4495 35TH STREET		Payroll <input type="checkbox"/>
	ORLANDO, FL 32811		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>6</u>	SS PAINTING AND WATERPROOFING	\$ 6,250	Person <input checked="" type="checkbox"/>
	2801 POWERLINE RD		Payroll <input type="checkbox"/>
	POMPANO BEACH, FL 33069		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>12</u>	TRIPP SCOTT PA	\$ 6,250	Person <input checked="" type="checkbox"/>
	110 SE 6TH STREET 15 FL		Payroll <input type="checkbox"/>
	FT LAUDERDALE, FL 33301		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>18</u>	HOLLYWOOD WOODWORK LLC	\$ 6,250	Person <input checked="" type="checkbox"/>
	2951 PEMBROKE ROAD		Payroll <input type="checkbox"/>
	HOLLYWOOD, FL 33020		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>24</u>	OTIS ELEVATOR	\$ 6,250	Person <input checked="" type="checkbox"/>
	16200 NW 59TH AVENUE SUITE 109		Payroll <input type="checkbox"/>
	MIAMI, FL 33014		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<div>30</div>	THE GARCIA COMPANIES	<div>\$ 10,000</div>	<div> <div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution.)</div> </div>
	4822 NORTH LAKE BLVD SUITE A		
	PALM BEACH GARDENS, FL 33418		